## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P93000001487**

MAYFAIR BOOKKEEPING SERVICES, INC.



**FILED** Jan 29, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

FRANK AVELLINO 223 CORAL LN

PALM BEACH, FL 33480 US

Mailing Address

FRANK AVELLINO 223 CORAL LN

PALM BEACH, FL 33480



01052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0378200

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

AVELLINO, FRANK J 223 CORAL LN PALM BEACH, FL 33480

## DO NOT WRITE IN THIS SPACE

8. The above the obligati	named entity submits this statement for the plons of registered agent.	ourpose of changing its registered	office or registered ago	pent, or both, in the State of Florida. Tam familiar with, and accept
SIGNATURE_				01/20/00-0004_000_10-00
JIGHA TONES	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent aignature required when re	enstating) 01/30/07-8067-003 150.00
FiLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		40 10 day 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE Name Street adoress City-St-Zip	D AVELLINO, FRANK J 223 CORAL LN PALM BEACH, FL 33480			
TITLE NAME Street address City-St-Zip	D BIENES, MICHAEL S 4750 NE 23RD AVE FORT LAUDERDALE, FL 33308			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an address, with all other like empowered.

SIGNATURE

561-307-7699