

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-01-2005 90021 032 ***115.00

04-12-2005 90137 016 ***150.00

DOCUMENT # S38404

1. Entity Name
BOOKFAIRS WITH FLAIR, INC.



Principal Place of Business
**10119 N.W. 46TH STREET
SUNRISE, FL 33351 US**

Mailing Address
**10119 NW 46 ST
SUNRISE, FL 33351 US**

DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0263842

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARGOLIS JOHN A. ESQ.
9990 SW 77TH AVE
SUITE 330
MIAMI, FL 33156**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	PETRELLA, PHYLLIS
STREET ADDRESS	10001 NW 83 ST
CITY-ST-ZIP	TAMARAC, FL
TITLE	PD
NAME	PETRELLA, RICHARD
STREET ADDRESS	10001 NW 83RD ST.
CITY-ST-ZIP	TAMARAC, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/05 *954-748-8262*

ATTACHMENT
40054285
#S 38404

Effective July 1st our new address for billing and shipping is as follows.

Bill to:
Book Fairs with Flair
4891 NW 103 Ave. Ste 11H
Sunrise, FL 33351

Ship to:
Book Fairs with Flair
4891 NW 103 Ave. Bay # 328
Sunrise, FL 33351

Our telephone and fax numbers will remain the same.
