




# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90010 014 \*\*\*150.00

<b>DOCUMENT # S38404</b> 1. Entity Name <b>BOOKFAIRS WITH FLAIR, INC.</b>					
Principal Place of Business <b>10119 NW 46TH STREET</b> <b>SUNRISE, FL 33351 US</b>			Mailing Address <b>10119 NW 46 ST</b> <b>SUNRISE, FL 33351 US</b>		
2. Principal Place of Business <b>4891 NW 103 AVE</b> Suite, Apt. #, etc. <b>11</b>		3. Mailing Address <b>4891 NW 103 AVE</b> Suite, Apt. #, etc. <b>11 H</b>		40008263 	
City & State <b>SUNRISE, FL</b>		City & State <b>SUNRISE, FL</b>		4. FEI Number <b>65-0263842</b>	
Zip <b>33351</b>		Country <b>CAOWTM</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARGOLIS JOHN A. ESQ.</b> <b>9990 SW 77TH AVE</b> <b>SUITE 330</b> <b>MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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  DATE <b>1/30/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>S</b> <b>PETRELLA, PHYLLIS</b> <b>10001 NW 83 ST</b> <b>TAMARAC, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD</b> <b>PETRELLA, RICHARD</b> <b>10001 NW 83RD ST.</b> <b>TAMARAC, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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.					