

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90042 040 \*\*\*150.00

**DOCUMENT # P04000076410**

1. Entity Name  
**MAJESTIC BAY CORPORATION**



Principal Place of Business  
**2903 SALZEDO STREET  
 CORAL GABLES, FL 33134**

Mailing Address  
**2903 SALZEDO STREET  
 CORAL GABLES, FL 33134**

40000710



02212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1137602</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MORRERO, JULIO C  
 2903 SALZEDO STREET  
 CORAL GABLES, FL 33134**

**DO NOT WRITE  
 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>MARRERO, JULIO C</b>
STREET ADDRESS	<b>2903 SALZEDO STREET</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>

TITLE	<b>V</b>
NAME	<b>MARRERO, FANIO</b>
STREET ADDRESS	<b>2903 SALZEDO STREET</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>

TITLE	<b>ST</b>
NAME	<b>MARRERO, ROSA</b>
STREET ADDRESS	<b>2903 SALZEDO STREET</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

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 reports 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

**2/26/07 305-446-0163**  
 Date Daytime Phone #