

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90082 046 \*\*\*150.00

**DOCUMENT # 400541**

1. Entity Name

MAJESTIC REALTY, INC.



Principal Place of Business  
12601 SW 67TH COURT  
MIAMI FL 33156

Mailing Address  
12601 SW 67TH COURT  
MIAMI FL 33156



2. Principal Place of Business - No P.O. Box #

1314 Jamaica Rd.

3. Mailing Address

1314 Jamaica Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Marco Island, FL

City & State

Marco Island, FL

Zip  
33445

Country  
U.S.A.

Zip  
33445

Country  
U.S.A.

4. FEI Number

65-0297763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

DECARION, GEORGE H  
12601 SW 67 CT.  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

George H. De Carion

Street Address (P.O. Box Number is Not Acceptable)

1314 Jamaica Rd.

City

Marco Island

FL

Zip Code

33445

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

*George H. De Carion*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/07

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DECARION, GEORGE H	
STREET ADDRESS	12601 SW 67 CT.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ARAKI, VIVA DECARION	
STREET ADDRESS	4029 BRIARGLADE WAY	
CITY - ST - ZIP	ATLANTA GA	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	DE CARION, CURTIS	
STREET ADDRESS	3031 TAHOE PLACE	
CITY - ST - ZIP	SAN RAMON CA 94583	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	BRYANT, ELIZABETH D.	
STREET ADDRESS	1102 WALKER DRIVE	
CITY - ST - ZIP	DECATUR GA 30030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1314 Jamaica Rd.	
CITY - ST - ZIP	Marco Island, FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George H. De Carion*

Cell 786-897-1348  
2/21/07 (239)642-3351

Date

Daytime Phone #