

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 483564

1. Entity Name

MAJESTIC TWINS, INC.



Principal Place of Business
60 CUTTER MILL ROAD
SUITE 303
GREAT NECK NY 11021

Mailing Address
60 CUTTER MILL ROAD
SUITE 303
GREAT NECK NY 11021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1614622**

Applied For
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

GOULD
GOULD, THOMAS
6928 HOULTON CIRCLE
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004 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	P	<input type="checkbox"/> Delete
NAME	LEMBO, DANIEL	
STREET ADDRESS	60 CUTTER MILL ROAD	
CITY - ST - ZIP	GREAT NECK NY 11021	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOULD, MATTHEW	
STREET ADDRESS	60 CUTTER MILL ROAD	
CITY - ST - ZIP	GREAT NECK NY 11021	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUNDY, MARK	
STREET ADDRESS	60 CUTTER MILL ROAD	
CITY - ST - ZIP	GREAT NECK NY 11021	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOBAY, SETH	
STREET ADDRESS	60 CUTTER MILL ROAD	
CITY - ST - ZIP	GREAT NECK NY 11021	
TITLE	V	<input type="checkbox"/> Delete
NAME	KALISH, DAVID W.	
STREET ADDRESS	60 CUTTER MILL ROAD	
CITY - ST - ZIP	GREAT NECK NY 11021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/18/04-80021-010 150.00

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(516) 466-3100