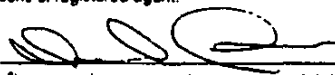
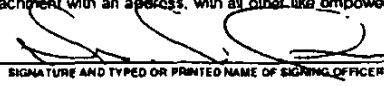


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

02-12-2007 90094 010 ****61.25

DOCUMENT # 726139					
1. Entity Name MAJESTIC GARDENS CONDOMINIUM H ASSOCIATION INC					
Principal Place of Business MAJESTIC GARDEN CONDO H 4046 NW 19TH ST. LAUDERHILL FL 33313			Mailing Address MAJESTIC GARDEN CONDO H 4046 NW 19TH ST. LAUDERHILL FL 33313		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1504034	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRO CONDO SPECIALISTS INC 6915 TAFT ST HOLLYWOOD FL 33024			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 		DATE 1/31/07			
(NOTE: Registered Agent signature required when registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P YOUNG, MICHAEL 4046 NW 19TH ST, UNIT 409 *** LAUDERHILL FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V NI, NAITETE 4046 NW 19TH ST. #306 LAUDERHILL FL 33313	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition	V MARTINEZ, CARLOS 4046 NW 19 ST. #210 LAUDERHILL FL 33313
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SMITH, CHARLENE 4046 H NW 19 ST LAUDERHILL FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HUXABLE, ALEX 4046 NW 19TH ST. LAUDERHILL FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D VOSBURG, ROY 4046 NW 19TH ST. #402 LAUDERHILL FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TESTAGUZZA, LINDA 4046 NW 19 #403 LAUDERHILL FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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 617, 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: 		DATE 1/31/07			
(NOTE: Signature and typed or printed name of signing officer or director)					