

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000005317

1. Entity Name
ISPL MAJESTY, LTD., CO.



Principal Place of Business
4770 BISCAYNE BLVD, PH-A
MIAMI, FL 33137

Mailing Address
4770 BISCAYNE BLVD, PH-A
MIAMI, FL 33137

FILED
Jul 23, 2008 08:00 AM
Secretary of State



07152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0546309

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

IRICK, JR., STEPHEN C ESQ.
HAYDEN & MILLIKEN, P.A.
5915 PONCE DE LEON BLVD, STE 63
MIAMI, FL 33146

**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

U00000956061
07/23/08-80002-017 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LUND, NIELS-ERIK
STREET ADDRESS	4770 BISCAYNE BLVD, PH-A
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	DVP
NAME	ENGSTROM, KENNETH
STREET ADDRESS	4770 BISCAYNE BLVD, PH-A
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	S
NAME	MORRIS, CHARMAINE
STREET ADDRESS	4770 BISCAYNE BLVD, PH-A
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	AS
NAME	ROBERTS, GREGORY
STREET ADDRESS	PO BOX N-4755
CITY-ST-ZIP	NASSAU, BAHAMAS,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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

Date

Daytime Phone #

7/15-2008 305 573 6355