2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000047218

FILED Jan 28, 2005 8:00 am Secretary of State 01-28-2005 90073 022 ****50.00

305-720-5733

1. Entity Name MAJESTIC	e C WOOD DESIGNS, LLC.	·						
Principal Place of Business 18937 NW 63RD CT. CIR. MIAMI, FL 33015 US		Mailing Address 18937 NW 63RD CT. CIR. MIAMI, FL 33015 US		20004779				
	lace of Business W 62 6+ -	3. Mailing Address 2059 W 62 St · Suite, Apt. #, etc.		 				
					Chg-LLC	CR2E083		
City & State HiAleah F1.		City & State HiAlenh, Fl.		4. FEI Number 26-C	08936		No	plied For t Applicable
3301		33016 1	Country USA	5. Certificate of	Status Desired	□ \$	5.00 Add se Required	itional i
	6. Name and Address of Current I	Registered Agent	Name	<u> </u>	Idress of New Re	gistered Ag	est	
RUIZ, MARCO A 18937 NW 63RD CT. CIR				S (P.O. Box Number is	s Not Acceptable)			· · · ·
MIAMI, FL 33015				SAME.				
	() ·		City	AUE.		FL	Zip Code	.
6. The above	named entity submits this statement for	the purpose of changing its reg	istered office or regist	tered agent, or both,	in the State of Flor		filiar with,	and accept
the obligations of registered agent.								
SIGNATURE: Signature project or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent aignature required whon resistating) DATE								
	ling Fee is \$50.00 ue by May 1, 2005				check pay Departmen			
9.	MANAGING MEMBE		10.	12555	ADDITIONS/0		eac acaimi	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUIZ, MARCO A 18937 NW 63RD CT. CIR MIAMI, FL 33015	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[_] Change	Addition
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CITY-SI-ZIP		По	CITY-ST-ZIP				7.00	
name		Detete	TITLE NAME			ι	_ Change	Addition
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NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZiP	position that the information will be a like to the	this fill and a second second	CITY-ST-ZIP	C4 445 5560	Paralle Division			
11. 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 is true and/accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the regeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								

PPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE