

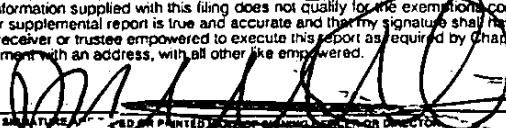


FILED
May 02, 2008 8:00 am
Secretary of State

04-07-2008 90034 041 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M66657						
1. Entity Name MAJESTIC HOTEL CORP.						
Principal Place of Business 5975 SUNSET DRIVE SUITE 504 MIAMI, FL 33143		Mailing Address 5975 SUNSET DRIVE SUITE 504 MIAMI, FL 33143				
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent SAAVEDRA, JOSE A 5975 SUNSET DRIVE MIAMI, FL 33143		66009397  01072008 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 65-0035833</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0035833	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 65-0035833	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending.)</small> DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE				
TITLE	D					
NAME	GLASSIE, DON C., JR.					
STREET ADDRESS	700 OCEAN DRIVE					
CITY-ST-ZIP	MIAMI BEACH, FL					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
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 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:  3-24-08		Date				