
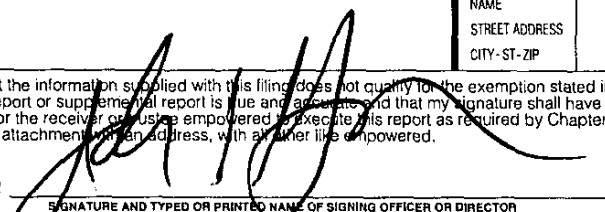


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90040 024 ***150.00

DOCUMENT # P00000008391 1. Entity Name MAJESTIC TRUCKING, INC.					
Principal Place of Business 4061 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411			Mailing Address 4061 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD <input type="checkbox"/> Delete		TITLE	DIRECTOR, PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEORGE, JOHN P		NAME	JOHN P. GEORGE	
STREET ADDRESS	4061 ROYAL PALM BEACH BOULEVARD		STREET ADDRESS	2442 BAY VILLAGE	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE		
NAME	ZAMBRANO, GEORGE		NAME		
STREET ADDRESS	4061 ROYAL PALM BCH BLVD		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTOKA, LUIS		NAME	LUIS MONTOKA	
STREET ADDRESS	4061 ROYAL PALM BCH BLVD		STREET ADDRESS	16319 E. BRIGHTON DRIVE	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	<input type="checkbox"/> Delete		TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	JOHN ARSENAULT	
STREET ADDRESS			STREET ADDRESS	15668 76th ROAD N.	
CITY-ST-ZIP			CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	<input type="checkbox"/> Delete		TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	JOHN THOMPSON	
STREET ADDRESS			STREET ADDRESS	PO BOX 1572	
CITY-ST-ZIP			CITY-ST-ZIP	JUPITER, FL 33468	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3/18/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

361 722 7971