


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90159 019 \*\*\*150.00

<b>DOCUMENT # P00000035299</b> 1. Entity Name <b>MAJESTIC UMBRELLA AND SHADE COMPANY</b>	
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Principal Place of Business <b>3640 NW 52 STREET MIAMI, FL 33142</b>	Mailing Address <b>3640 NW 52 STREET MIAMI, FL 33142</b>
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**DO NOT WRITE IN THIS SPACE**

**66023044**



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>52-2229909</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>CORPORATE CREATIONS ENTERPRISES, INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MOLLERA, RAUL M 3640 NW 52 STREET MIAMI, FL 33142</b>
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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: *Raul Mollera* 6-1-2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #