
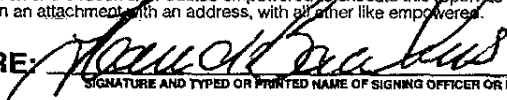


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000045281 1. Entity Name MAJESTIC GROUP MARKETING & SALES USA, INC.		
Principal Place of Business 7416 S.W. 11TH COURT FT. LAUDERDALE, FL 33068	Mailing Address 7416 S.W. 11TH COURT FT. LAUDERDALE, FL 33068	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BACCHUS, FEAUD 7416 S.W. 11TH COURT FT. LAUDERDALE, FL 33068		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 reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENDES, MANUEL 90 THORNCLIFFE PARK DRIVE TORONTO, ONTARIO M4H 1M5,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BACCHUS, FEAUD 7416 S.W. 11TH COURT FT. LAUDERDALE, FL 33068	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-28-05 9545016688 <small>Date Daytime Phone #</small>



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1008442	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000248177
13/02/05-80018-017 150.00

**DO NOT WRITE
IN THIS SPACE**