

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 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**



04182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1008442</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional  
Fee Required**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**U00000538854**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**05/06/06-80008-002 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MENDES, MANUEL
STREET ADDRESS	90 THORNCLIFFE PARK DRIVE
CITY-ST-ZIP	TORONTO, ONTARIO M4H 1M5.
TITLE	D
NAME	BACCHUS, FEAUD
STREET ADDRESS	7416 S.W. 11TH COURT
CITY-ST-ZIP	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	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FEAUD BACCHUS**

**4-8-06 501-6688**