2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 02, 2004 8:00 am Secretary of State DOCUMENT # P01000016741 1. Entity Name 04-02-2004 90074 024 \*\*\*150.00 MAJESTIC ENTERPRISES, INC. Principal Place of Business Mailing Address 15476 NW 77 COURT #244 MIAMI LAKES FL 33016 15476 NW 77 COURT #244 MIAMI LAKES FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number City & State Applied For 65-1080305 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROIG, JORGE L Street Address (P.O. Box Number is Not Acceptable) 15476 NW 77 COURT #244 MIAMI LAKES FL 33016 Zip Code 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 8. The above named entity the obligations of restered agent SIGNATURE d title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Elerida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D, ☐ Delete TITLE TITLE Change ☐ Addition ROIG, JORGE L NAME NAME STREET ADDRESS 15476 NW 77 COURT #244 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016 CITY-ST-ZIP D ☐ Delete ☐ Change ☐ Addition TITLE ROIG, CARMEN L NAME NAME 15476 NW 77 COURT #244 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33016 CITY-ST-7IP CITY-ST-7IP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE 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 goaling 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 the ownered. **SIGNATURE:**

PED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

FILED