

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>P01000059687</b> 1. Entity Name <b>MAJESTIC YACHT SERVICES, INC.</b>			
Principal Place of Business <b>1015 NORTHEAST 4TH STREET FORT LAUDERDALE, FL 33301</b>		Mailing Address <b>1015 NORTHEAST 4TH STREET FORT LAUDERDALE, FL 33301</b>	
DO NOT WRITE IN THIS SPACE		  01132004    000000    0000000000000000	
		4. FEI Number <b>65-1115342</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134</b>		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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00	
		000000149963 05/03/04-80208-006 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PSTD	DO NOT WRITE IN THIS SPACE	
NAME	WASHINGTON, BRANDON		
STREET ADDRESS	1015 NORTHEAST 4TH STREET		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301		
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: _____		Date: <b>4/29/04</b> 9548689195	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	