


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90405 023 ***150.00

DOCUMENT # P02000068408 1. Entity Name MAJESTIC PARTY RENTAL & SUPPLIES, INC.					
Principal Place of Business 10090 NW 80 CT #1254 HIALEAH GARDENS, FL 33016			Mailing Address 10090 NW 80 CT #1254 HIALEAH GARDENS, FL 33016		
2. Principal Place of Business 4600 W 9 CT		3. Mailing Address 4600 W 9 CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hialeah FL		City & State Hialeah FL		4. FEI Number 01-0719326	
Zip 33012		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAVO, LUIS E 10090 NW 80 CT #1254 HIALEAH GARDENS, FL 33016				7. Name and Address of New Registered Agent Name Bravo, Luis E. Street Address (P.O. Box Number is Not Acceptable) 4600 W 9 CT City Hialeah FL Zip Code 33012	
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) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BRAVO, LUIS E STREET ADDRESS 10090 NW 80 CT #1254 CITY-ST-ZIP HIALEAH GARDENS, FL 33016	<input type="checkbox"/> Delete		TITLE P NAME BRAVO, LUIS E. STREET ADDRESS 4600 W 9 CT CITY-ST-ZIP Hialeah, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME BRAVO, JANETT STREET ADDRESS 10090 NW 80 CT #1254 CITY-ST-ZIP HIALEAH, FL 33016	<input type="checkbox"/> Delete		TITLE DV NAME BRAVO, JANETT STREET ADDRESS 4600 W 9 CT CITY-ST-ZIP Hialeah FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Janett Bravo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Janett Bravo</u> <small>Date</small> <u>4-28-05</u> <u>305 8260816</u> <small>Daytime Phone #</small>		