2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# P02000114943

Entity Name: MAJORLUNA ENTERPRISES, INC.

Current Principal Place of Business:

1566 NW 108 AVENUE
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

1566 NW 108 AVENUE
MIAMI, FL 33172

New Mailing Address:

FEI Number: 82-0569784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MESTRIL, FERNANDO
1566 NW 108 AVE
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FUSTE, JORGE L
Address: 1566 NW 108 AVE
City-St-Zip: MIAMI, FL 33172

Title: VP ( ) Delete
Name: FUSTE, MARIETTA
Address: 1566 NW 108 AVE
City-St-Zip: MIAMI, FL 33172

Title: VP ( ) Delete
Name: FUSTE, NANNETTE
Address: 1566 NW 108 AVE
City-St-Zip: MIAMI, FL 33172

Title: S ( ) Delete
Name: MESTRIL, FERNANDO
Address: 1566 NW 108 AVE
City-St-Zip: MIAMI, FL 33172

Title: T ( ) Delete
Name: MESTRIL, MARTHA
Address: 1566 NW 108 AVE
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: FUSTE, LUIS M
Address: 1566 NW 108 AVE
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIETTA FUSTE VP 04/21/2005

Electronic Signature of Signing Officer or Director — Date