

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr. 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000012034
1. Entity Name
MAJESTIC REALTY OF BREVARD INC.



Principal Place of Business Mailing Address
1413 SOUTH PATRICK DRIVE **1413 SOUTH PATRICK DRIVE**
INDIAN HARBOUR BEACH, FL 32937 US **INDIAN HARBOUR BEACH, FL 32937 US**

DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
06-1677614 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BROWCHWEIG, KERRY
1413 SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH, FL 32937

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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 _____ (NOTE: Registered Agent signature required when retesting) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROWCHWEIG, KERRY 1413 SOUTH PATRICK DRIVE INDIAN HARBOUR, FL 32937
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Kerry Brownchweig* **Kerry Brownchweig** **4-14-05** **321-480-4347**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #