


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90377 040 \*\*\*150.00

<b>DOCUMENT # P03000012034</b>	
1. Entity Name <b>MAJESTIC REALTY OF BREVARD INC.</b>	

Principal Place of Business <b>1413 SOUTH PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937 US</b>	Mailing Address <b>1413 SOUTH PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937 US</b>
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2. Principal Place of Business - No P.O. Box # <b>227 Lanternback Island Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>227 Lanternback Island Dr</b> Suite, Apt. #, etc.
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City & State <b>Satellite Beach, FL</b>	City & State <b>Satellite Beach, FL</b>
Zip <b>32937</b>	Country <b>Brevard</b>
Zip <b>32937</b>	Country <b>Brevard</b>



04242008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>BROWCHWEIG, KERRY 1413 SOUTH PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>227 Lanternback Island Drive</b> City <b>Satellite Beach</b> FL Zip Code <b>32937</b>	

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 <b>Kerry Brownchweig</b> <small>(Signature typed or printed name of registered agent and file if applicable)</small>	DATE <b>4/24/08</b> <small>(NOTE: Registered Agent signature not required when re-registering)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BROWCHWEIG, KERRY 1413 SOUTH PATRICK DRIVE INDIAN HARBOUR, FL 32937</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>227 Lanternback Island Drive Satellite Beach, FL 32937</b> <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
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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 exemptions contained in Chapter 119, 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 <b>Kerry Brownchweig</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>4-24-08</b> DAYTIME PHONE # <b>321-773-1177</b>