

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90181 044 ***150.00

DOCUMENT # P03000058452

1. Entity Name
MAJESTY BODY SHOP, CORP.



Principal Place of Business
**11750 NW 87 PLACE BAY #21
HIALEAH GARDENS, FL 33018**

Mailing Address
**11750 NW 87 PLACE BAY #21
HIALEAH GARDENS, FL 33018**

50023556



03032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
**11750 NW 87th place
Suite, Apt. #, etc.
BAY #12
City & State
Hialeah Gardens, FL
Zip
33018
County
Miami-Dade**

3. Mailing Address
**11750 NW 87th place
Suite, Apt. #, etc.
BAY #12
City & State
Hialeah Gardens, FL
Zip
33018
County
Miami-Dade**

4. FEI Number
51-0467700

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**CASTILLO, RICARDO
11750 NW 87 PLACE BAY #21
HIALEAH GARDENS, FL 33018**

(New address)

7. Name and Address of New Registered Agent
Name
5665 W. 20th ave. Apt. 203
Street Address (P.O. Box Number is Not Acceptable)
Hialeah, FL 33012
City
FL Zip Code

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 reinstating) DATE _____

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CASTILLO, RICARDO 11750 NW 87 PLACE BAY #21 HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: **3/3/05 (786)290-5570**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #