


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90039 016 ***158.75

DOCUMENT # P04000082830	
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1. Entity Name
MAJESTIC PREMIER, INC.

Principal Place of Business 2013 S. KIRKMAN RD., APT. #77 ORLANDO, FL 32811	Mailing Address 2013 S. KIRKMAN RD., APT. #77 ORLANDO, FL 32811
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03072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # <u>2056 Portcastle Circle</u> Suite, Apt. #, etc.	3. Mailing Address <u>2056 Portcastle Circle</u> Suite, Apt. #, etc.
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City & State <u>Winter Garden FL</u>	City & State <u>Winter Garden FL</u>
Zip <u>34787</u>	Zip <u>34787</u>
Country <u>USA</u>	Country <u>USA</u>

4. FEI Number 20-1204859	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAPATA, EDISSON A
2013 S. KIRKMAN RD., APT. #77
ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name <u>Zapata, Edisson A</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2056 Portcastle Circle</u>
City <u>Winter Garden</u>
FL Zip Code <u>34787</u>

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] (NOTE: Registered Agent signature required when reinstating) DATE: 3-9-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PTD ZAPATA, EDISSON A 2013 S KIRKMAN RD APT 77 ORLANDO, FL 32811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RODGIGUEZ, ADRIANA M 2013 S KIRKMAN RD APT 77 ORLANDO, FL 32811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Zapata, Edisson A 2056 Portcastle Circle Winter Garden FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Rodriguez, ADRIANA M. 2056 Portcastle Circle Winter Garden FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: [Signature] DATE: 3-09-07 321-263-5866