
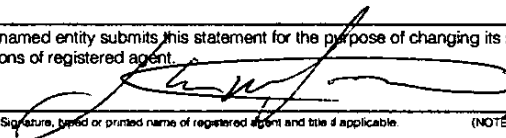
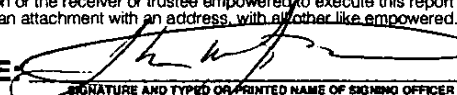


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90293 007 ***150.00

DOCUMENT # P04000146208			
1. Entity Name MAJORS EXPLORED, INC.			
Principal Place of Business 1 E BROWARD BLVD WEST WING STE 300-S FT LAUDERDALE, FL 33301		Mailing Address 1 E BROWARD BLVD WEST WING STE 300-S FT LAUDERDALE, FL 33301	
2. Principal Place of Business 100 S. PINE ISLAND RD. Suite, Apt. #, etc. # 116		3. Mailing Address PO BOX 260 Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33324	Country USA	Zip 33302	Country USA
6. Name and Address of Current Registered Agent JURIGA, JONATHAN M 1 E BROWARD BLVD WEST WING STE 300-S FT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name JURIGA, JONATHAN, M. Street Address (P.O. Box Number is Not Acceptable) 100 S. PINE ISLAND RD. SUITE 116 City FORT LAUDERDALE FL Zip Code 33324	
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  JONATHAN M. JURIGA, PRESIDENT 3/25/05 Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" 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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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 another like empowered.			
SIGNATURE 		PRESIDENT, JONATHAN JURIGA 3/25/05 954-382-7575 Date / Daytime Phone #	

