


FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90041 045 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000111494			
1. Entity Name MAJESTIC MARINE I, CORP.			
Principal Place of Business 1855 NW 15 AVE. STE.# 1801 MIAMI, FL 33125		Mailing Address 1855 NW 15 AVE. STE.# 1801 MIAMI, FL 33125	
2. Principal Place of Business - No P.O. Box # 2027 NW 17 St		3. Mailing Address 2027 NW 17 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State miami FL		City & State miami FL 33125	
Zip 33125		Country	
4. FEI Number 20-3283443		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERRERO, ROBERTO 1855 NW 15 AVE. STE#: 1801 MIAMI, FL 33125		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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, 2007 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	P GUERRERO, ROBERTO 1855 NW 15 AVENUE STE.#: 1801 MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Guerrero Roberto <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2027 NW 17 St miami FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, IVON 1855 NW 15TH AVE APT 1801 MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ivon Rodriguez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2027 NW 17 St miami FL 33125
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
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
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: <u>Ivon Rodriguez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/9/07 786-281-7340 Daytime Phone #	