

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148891

FILED  
Jan 16, 2006  
Secretary of State

Entity Name: MAJESTIC FORMWORKS CORPORATION

**Current Principal Place of Business:**

1519 SW 187 AVE  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

1519 SW 187 AVE  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, MARLON D  
1519 SW 187 AVE  
PEMBROKE PINES, FL 33029 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARCIA, MARLON D  
Address: 1519 SW 187 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SEC ( ) Delete  
Name: GARCIA, MARLON D  
Address: 1519 SW 187 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: YOLANDA, BARRETTA SEC  
Address: 1519 SW 187 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V ( ) Change (X) Addition  
Name: WILLIAM, LTAIF F VP  
Address: 17802 NW 79 CT  
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. LTAIF

VP

01/16/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date