


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90182 003 \*\*\*150.00

**DOCUMENT # P06000066333**

1. Entity Name  
**MAJUR, INC.**



Principal Place of Business  
 6270 W. FLAGLER ST., APT. C-7  
 MIAMI, FL 33144

Mailing Address  
 6270 W. FLAGLER ST., APT. C-7  
 MIAMI, FL 33144

40082113



2. Principal Place of Business - No P.O. Box #  
**540 Tamiami Canal Rd**

3. Mailing Address  
**540 Tamiami Canal Rd**

Suite, Apt. #, etc.  
**Rear**

Suite, Apt. #, etc.  
**Rear**

01192007 Chg-P CR2E034 (12/06)

City & State  
**Miami FL**

City & State  
**Miami FL**

Zip Country  
**33144.**

Zip Country  
**33144.**

4. FEI Number **20-4870526** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CLEMENTE, MARIA E.**  
 6270 W. FLAGLER ST., APT. C-7  
 MIAMI, FL 33144

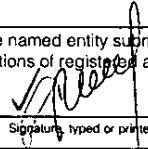
7. Name and Address of New Registered Agent

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 **1/19/07**

**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	<b>P</b> <input type="checkbox"/> Delete <b>CLEMENTE, MARIA E. 540 Tamiami Canal</b> <del>6270 W. FLAGLER ST., APT. C-7</del> <b>ROAD # Rear</b> <b>MIAMI, FL 33144</b> <b>Miami FL 33144.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>REGUERA, JUAN A. 540 Tamiami Canal</b> <del>6270 W. FLAGLER ST., APT. C-7</del> <b>ROAD # Rear</b> <b>MIAMI, FL 33144</b> <b>Miami FL 33144.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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	<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
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:  **1/19/07** Date **305-305-4393** Daytime Phone # **786-499-1552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR