

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076731

FILED
Jan 20, 2009
Secretary of State

Entity Name: MAJESTIC INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

1000 PONCE DE LEON BLVD #330
CORAL GABLES, FL 33134

New Principal Place of Business:

3015 VIRGINIA ST.
COCONUT GROVE, FL 33133

Current Mailing Address:

1000 PONCE DE LEON BLVD #330
CORAL GABLES, FL 33134

New Mailing Address:

3015 VIRGINIA ST.
COCONUT GROVE, FL 33133

FEI Number: 01-0904419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULATI, KUNAL
1000 PONCE DE LEON BLVD #330
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GARCIA, OSCAR M
3015 VIRGINIA ST.
COCONUT GROVE, FL 33133 US

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: OSCAR M. GARCIA

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GULATI, KUNAL
Address: 1000 PONCE DE LEON BLVD #330
City-St-Zip: CORAL GABLES, FL 33134

Title: V (X) Delete
Name: GARCIA, OSCAR M
Address: 1000 PONCE DE LEON BLVD #330
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARCIA, OSCAR M
Address: 3015 VIRGINIA ST.
City-St-Zip: COCONUT GROVE, FL 33133

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

I hereby certify that the information supplied with this filing does not qualify 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: OSCAR M. GARCIA

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date