


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 17, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000015711
1. Entity Name
MAJESTIC CATERERS OF NORTH MIAMI BEACH, INC.



Principal Place of Business 20900 W DIXIE HWY STE A NORTH MIAMI BEACH, FL 33180 US	Mailing Address 20900 W DIXIE HWY STE A NORTH MIAMI BEACH, FL 33180 US
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DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0391432	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ERSKINE, STANLEY B
55 WESTON ROAD
SUITE 300
FT LAUDERDALE, FL 33326

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PTD NUNBERG, VICTOR L 20900 W DIXIE HWY STE A NORTH MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NESS, GERALD J 20900 W DIXIE HWY STE A NORTH MIAMI BEACH, FL 33180
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03/17/05-80003-014 150.00

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: _____ 3/14/05 305 933 8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #