2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 08:00 AM Secretary of State

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DOCUMENT 1. Entity Name MAJESTIC CATE		5832	
Principal Place of Busines 20900 W DIXIE HWY STE A NORTH MIAMI BEACH, F		Mailing Address 20900 W DIXIE HWY STE A NORTH MIAMI BEACH, FL 3	3180 US



DO NOT WRITE IN THIS SPACE

03192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0391429 Applied For
Not Applicable

5. Certificate of Status Desired Samuel Fee Required

6. Name and Address of Current Registered Agent

ERSKINE, STANLEY B 55 WESTON ROAD SUITE 300 FORT LAUDERDALE, FL 33326

SIGNATUREZ

DO NOT WRITE IN THIS SPACE

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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 Signature, typed or princed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating)					DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS					
title Name Street address City-St-Zip	PTD NUNBERG, VICTOR L 20900 W DIXIE HWY STE A NORTH MIAMI BEACH, FL 33180				U00000109861 04/12/04-80060-011 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD NESS, GERALD J 20900 W DIXIE HWY STE A NORTH MIAMI BEACH, FL 33180						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
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INLE NAME , STREET ADDRESS CITY-SI-JIP					ا معن ^ا ها د ا		
12. I hereby certify that the information supplied with this filling 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.							

YICTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NUNBERG