

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000017749

FILED  
May 10, 2007  
Secretary of State

Entity Name: MAJORCA MANORS INVESTMENTS, INC.

**Current Principal Place of Business:**

221 MAJORCA AVENUE  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

221 MAJORCA AVENUE  
MIAMI, FL 33134

**New Mailing Address:**

FEI Number: 65-0414442      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COPPOLA, MIGUEL  
325 MAJORCA AVENUE  
APT 3  
MIAMI, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COPPOLA, MIGUEL A  
Address: 325 MAJORCA AVE APT. 3  
City-St-Zip: MIAMI, FL 33134

Title: T ( ) Delete  
Name: COPPOLA, SALVADOR  
Address: 221 MAJORCA AVE  
City-St-Zip: MIAMI, FL 33134

Title: S ( ) Delete  
Name: ALVAREZ, DULCE M  
Address: 221 MAJORCA AVE  
City-St-Zip: MIAMI, FL 33134

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

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

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

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: MIGUEL COPPOLA

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

MR

05/10/2007

\_\_\_\_\_ Date