


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90003 009 ***150.00

DOCUMENT # P93000045512	
1. Entity Name MAJESTIC AIR, INC.	

Principal Place of Business 4061 ROYAL PLAM BEACH BLVD ROYAL PALM BEACH, FL 33411 US	Mailing Address 4061 ROYAL PLAM BEACH BLVD ROYAL PALM BEACH, FL 33411 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



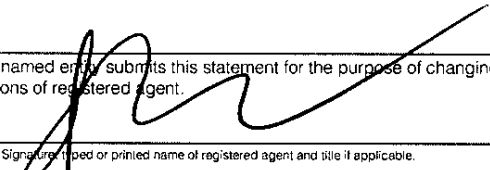
05162005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0419432	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHEVRES, JOSE 4061 ROYAL PLAM BEACH BLVD ROYAL PALM BEACH, FL 33411	
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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.

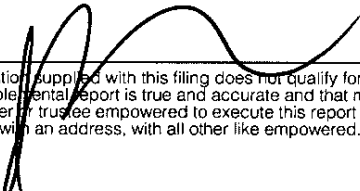
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **6/1/05**

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEVRES, JOSE A	NAME	
STREET ADDRESS	14654 62ND CT N	STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEVRES, MATTHEW	NAME	
STREET ADDRESS	14654 62ND COURT N	STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEVRES, ADAM	NAME	
STREET ADDRESS	14654 62ND COURT N	STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, JOHN P	NAME	
STREET ADDRESS	2442 BAY VILLAGE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **6/1/05** **561-790-2068**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #