


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000083735 1. Entity Name MAJESTIC INVESTMENT CORPORATION		
Principal Place of Business 4250 SW 92ND AVE DAVIE, FL 33328 US	Mailing Address 13000 NW 1ST ST. PLANTATION, FL 33325 US	



01162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0458394	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 FOCKE, JR H R 11935 NW 37TH ST CORAL SPRINGS, FL 33065	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 this State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOCKE, RICHARD A. 4250 SW 92ND AVE. DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOCKE, HENRY R JR 13000 NW 1ST ST. PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS FOCKE, SUSAN W 13000 NW 1ST ST. PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/03/05-80050-023 150.00

**DO NOT WRITE
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)(f), 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: Richard A. Focke, President **1/26/05 (954) 723-9906**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #