## 2008 FOR PROFIX CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 08:00 All Secretary of State

ANNUAL REPORT					rep 04, 2000 08:0				
DOCUMENT # P97000015871  1. Entity Name							Seci	retai	ry of St
MAJESTIC REALTY OF THE PALM BEACHES, INC.									
,	ce of Business	Mailing Address							
	ISULA COURT H. FL 33467	7050 PENINSULA COURT LAKE WORTH, FL 33467							
LINE WORK	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and notting to do to?			1 18811881 1	3 liitii liibii pair ii	12)) <b>80</b> ))) <b>80</b> ))) 1111	DI BIIBI JBIII J	
	<del></del>			-					
DO NOT WRITE IN THIS SPACE									
			CF	<u> </u>	01182008	No Chg-I		E034 (11/	<u>,                                      </u>
			<b>—</b>	4	. FEI Numb 65-073			-	Applied For Not Applicable
,				5.	. Certificate	of Status Desi	red 🔲	\$8.75 Fee Re	Additional guired
	6. Name and Address of Current Re	gistered Agent		\					
LEYENDE	CKER, THOMAS J				DO	NOT	\/DIT	· <b>E</b>	
7050 PENINSULA COURT LAKE WORTH, FL 33467									, .
D(2 770			,		IN	THIS	SPAC	E	
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.									
			ed Agent signature requ	ured whe	n reinstating)	110	DATI		
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar  Trust Fund Contribution.			· - •	5.00 Added t	May Be o Fees		2000812 208–800:	and the same of	150.00
10.	OFFICERS AND DI	RECTORS					·		
TITLE NAME	DPS LEYENDECKER, THOMAS J								
STREET ADDRESS	7050 PENINSULA COURT		]						
CITY-ST-ZIP	LAKE WORTH, FL 33467		-						•
NAME									
STREET ADDRESS CITY-ST-ZIP							,		*
TITLE			1		•				,
NAME			l .						
STREET ADDRESS CITY-ST-ZIF				·	DO	NOT	WRIT	Έ	
IIILE		<del></del>	1		IN .	THIS :	SPAC	F	
NAME CTRELE ADDRESS			ł		114		J! AU	· <b>-</b>	,
STREET ADDRESS CITY-ST-ZIP								•	
TITLE			1				•		
NAME STREET ADDRESS									
CITY-ST-ZIP									

12. I hereby certify that the information supplied with the filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports frue 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 trusted in powered of 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 propowered.

TITLE
NAME
STREET ADDRESS
CITY - ST-ZIP

**SIGNATURE:** 

SIGNATURE AND TYPED OR FRUITED NAME OF SIGNING OFFICER OR DIRECTOR

561-122-925D