

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000005882

Entity Name: MAJONDA CORPORATION

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

17050 NORTH BAY RD
501
SUNNY ILS, FL 33160 US

New Principal Place of Business:

19726 E COUNTRY CLUB DR
AVENTURA, FL 33180 US

Current Mailing Address:

17050 NORTH BAY RD
501
SUNNY ILS, FL 33160 US

New Mailing Address:

19726 E COUNTRY CLUB DR
AVENTURA, FL 33180 US

FEI Number: 65-0890848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGERFLOM, HECTOR C
17050 NORTH BAY RD
#501
SUNNY ILS, FL 33160 US

Name and Address of New Registered Agent:

INGERFLOM, HECTOR C
19726 E COUNTRY CLUB DR
AVENTURA, FL 33180 US

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: INGERFLOM HECTOR C

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: INGERFLOM, HECTOR C
Address: 17050 NORTH BAY RD #501
City-St-Zip: SUNNY ILS, FL 33160

Title: VSD () Delete
Name: EPSTEIN, JUDIT M
Address: 17050 NORTH BAY RD
City-St-Zip: SUNNY ILS, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: INGERFLOM, HECTOR C
Address: 19726 E COUNTRY CLUB DR
City-St-Zip: AVENTURA, FL 33180

Title: VSD (X) Change () Addition
Name: EPSTEIN, JUDIT M
Address: 19726
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 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: INGERFLOM HECTOR C

DPT

04/30/2005

Electronic Signature of Signing Officer or Director

Date