


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90177 007 \*\*\*150.00

**DOCUMENT # P99000038330**  
 1. Entity Name  
**MAJESTY ELECTRIC SERVICE CORP.**



Principal Place of Business      Mailing Address  
 8704 N.W. 112TH STREET      8704 N.W. 112TH STREET  
 HIALEAH GARDENS, FL 33018      HIALEAH GARDENS, FL 33018

**DO NOT WRITE IN THIS SPACE**

30000000



04252006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0915372</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**  
 GUIA, MIRIAM  
 8704 N.W. 112TH STREET  
 HIALEAH GARDENS, FL 33018

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUIA, RAFAEL 8704 N.W. 112TH STREET HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GUIA, MIRIAM 8704 N.W. 112TH STREET HIALEAH GARDENS, FL 33018
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Miriam M. Guia    MIRIAM M. GUIA    4-25-06    305-825-2680  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #