

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000095436

**Entity Name:** 701 MAJESTIC, INC.

**Current Principal Place of Business:**

2750 N.E. 185TH STREET  
SUITE 201  
AVENTURA, FL 33180

**Current Mailing Address:**

2750 N.E. 185TH STREET  
SUITE 201  
AVENTURA, FL 33180 US

**FEI Number:** 51-0419972

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MONTELLO, LOUIS R  
2750 N.E. 185TH STREET  
SUITE 201  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DPTS  
Name           SCHWARZKOPF, TOMMY  
Address        2750 N.E. 185TH STREET, SUITE 201  
City-State-Zip: AVENTURA FL 33180

Title           V  
Name           SCHWARZKOPF, VALERIE  
Address        2750 N.E. 185TH STREET, SUITE 201  
City-State-Zip: AVENTURA FL 33180

Title           V  
Name           SCHWARZKOPF, JOSEPH  
Address        2750 N.E. 185TH STREET, SUITE 201  
City-State-Zip: AVENTURA FL 33180

Title           V  
Name           SCHWARZKOPF, ARON  
Address        2750 N.E. 185TH STREET, SUITE 201  
City-State-Zip: AVENTURA FL 33180

*I hereby 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 all other like empowered.*

**SIGNATURE:** TOMMY SCHWARZKOPF

**PRESIDENT**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date