

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90076 004 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**50008147**



<b>DOCUMENT # 703857</b>			
1. Entity Name <b>MONTICELLO INC</b>			
Principal Place of Business <b>3110 NE 29TH ST FORT LAUDERDALE, FL 33308 US</b>		Mailing Address <b>3110 NE 29TH ST FT LAUDERDALE, FL 33308 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GULATI, PATRICIA</b> <b>3110 NE 29TH ST</b> <b>UNIT 11</b> <b>FORT LAUDERDALE, FL 33308</b>		Name <b>NOAH CONTI</b> Street Address (P.O. Box Number is Not Acceptable) <b>3110 NE 29th St.</b> <b>UNIT 11</b> City <b>FORT LAUDERDALE FL</b> Zip Code <b>33308</b>	
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:		<b>VICE -</b> <b>NOAH CONTI, PRESIDENT</b> <b>JAN 22 / 05</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE VT NAME GULATI, P STREET ADDRESS 3110 N.E. 29TH ST. #7 CITY-ST-ZIP FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE VT NAME MICHAEL FITZGERALD STREET ADDRESS 3110 NE 29th St #16 CITY-ST-ZIP FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME NYGREN, P STREET ADDRESS 3110 NE 29TH ST CITY-ST-ZIP FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE T NAME CONTE, NICK STREET ADDRESS 3110 NE 29th St #7 CITY-ST-ZIP FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME MAGER, GARY STREET ADDRESS 3110 NE 29TH ST CITY-ST-ZIP FORT LAUDERDALE, FL 33306	<input checked="" type="checkbox"/> Delete	TITLE S NAME TAYLOR, PAUL STREET ADDRESS 3110 NE 29th St #12 CITY-ST-ZIP FORT LAUDERDALE, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME STRAGAND, J STREET ADDRESS 3110 NE 29TH ST CITY-ST-ZIP FT LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE VD NAME MAGER, GARY STREET ADDRESS 3110 NE 29th St #8 (PRESIDENT) CITY-ST-ZIP FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME CONSO, J STREET ADDRESS 3110 NE 29TH ST CITY-ST-ZIP FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE VD NAME CONTI, NOAH STREET ADDRESS 3110 NE 29th St #11 CITY-ST-ZIP FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1-19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, 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:		<b>VICE -</b> <b>NOAH CONTI, President</b> , <b>JAN 22 / 05</b> <b>954-214-4853</b> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	