


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F79058	
1. Entity Name MONVEST REALTY, INC.	

Principal Place of Business 2045 N E 197 TERR STE 100 N MIAMI BEACH, FL 33179	Mailing Address 2045 N E 197 TERR STE 100 N MIAMI BEACH, FL 33179
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01042005 No Chg-P CR2E034 (1/1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2227040	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Feisured	

5. Name and Address of Current Registered Agent

SAZANT, LARRY S
 #300, 2020 NE 163RD STREET
 NORTH MIAMI BEACH, FL 33182

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6. 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 reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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 MAGADOV, ALBERT 2045 NE 197 TERRACE N MIAMI BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MAGDOV, DONNA 2045 NE 197 TERRR N MIAMI BCH, FL
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 02/18/05-80054-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna Magdov V.P.* **2-15-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr