


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L25811


1. Entity Name
MONTE CARLO ENTERPRISES, INC.



Principal Place of Business Mailing Address

4733 W. IRLO BRONSON MEMORIAL HWY. 4733 W. IRLO BRONSON MEMORIAL HWY.
 KISSIMMEE, FL 34746 KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0152952	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEABREEZE BOOKKEEPING TAX SERVICE
 441 SOUTH RIDGEWOOD AVE
 DAYTONA BEACH, FL 32114

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DP CHEN, TE-CHU 4733 W. IRLO BRONSON HIGHWAY KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHEN, PO-LI 4810 W IRLO BRONSON HWY. KISSIMMEE, FL 34746
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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: Paul D. Chen Po-Li Chen 4/6/07 (407) 396-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #