


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 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



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0152952 Not Applicable

5. Certificate of Status Desired **\$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 _____ 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, 2008 Fee will be \$550.00

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

1100000280595
 04/15/08-80067-006 150.00

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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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:  **Po-Li Chen** **4/1/08** **(407) 396-4700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #