2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000003696

1. Entity Name

MONTECARLO HATS, L.L.C.



FILED Apr 09, 2004 08:00 AM Secretary of State

Principal Place of Business

12330 SW 53 ST

#710 COOPER CITY, FL 33330 Mailing Address

12330 SW 53 ST

#710

COOPER CITY, FL 33330



DO NOT WRITE IN THIS SPACE

03192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0929052 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRUZ, SAMIR CURY 12330 SW 53 ST #710 COOPER CITY, FL 33330

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5.	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.

CITY-ST-ZIP

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CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMIR CURY CRUZ 13718 NW 18TH ST PEMBROKE PINES, FL 33028
DILE HAME STREET ADDRESS CITY-ST-ZIP	MGRM JORGE CURY CRUZ 2107 NW 142 WAY PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS	

000000107856 04/09/04-80031-022 150.00

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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGHING MANAGING MIMBER, OR AUTHORIZED REPRESENTATIVE

4/6/04

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