2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000036192

1. Entity Name
MONTE SION, CORP.

Principal Place of Business	Mailing Address
1460 NW 34 AVE. MIAMI, FL 33125	256 NW 42 AVE. MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

03312005   No Chg-P   CR2E034 (10/03)

4. FEI Number   Applied For
65-0998548   Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FONSECA, MAGALY
1460 NW 34 AVE.
MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

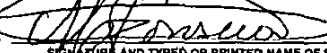| **FILE NOW!!! FEE IS $150.00** **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FONSECA, MAGALY
STREET ADDRESS	1460 NW 34 AVE.
CITY-ST-ZIP	MIAMI, FL 33125

TITLE	VD
NAME	SANCHEZ, EMILIO
STREET ADDRESS	1460 NW 34 AVE.
CITY-ST-ZIP	MIAMI, FL 33125

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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: _____   3/31/05   (305) 633-9179

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