


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90024 013 ***150.00

DOCUMENT # P03000120517

1. Entity Name
MONACO & MEOLA INC.



Principal Place of Business ~~2400 SE 5TH ST~~
 Mailing Address
**2800 E COMMERCIAL BLVD STE 208
 FORT LAUDERDALE, FL 33308**

40036315



2. Principal Place of Business - No P.O. Box #
2800 E. Commercial Blvd

3. Mailing Address

Suite, Apt. #, etc.
208

City, & State
ft. lauderdale, fl

Zip Country
33308 U.S.A

03062007 Chg-P CR2E034 (12/06)

4. FEI Number **61-1459649**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KATZ, ALLEN H
 2800 EAST COMMERCIAL BLVD STE 208
 STE 208
 FT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Allen H. Katz, P.A. Accountant 3/6/07
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEOLA JOHN T 2485 SE 5TH ST POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete <i>change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Meola, John T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 7033 ft. lauderdale, fl 33338
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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: John Meola 3/6/07 954 2538588
Signature and typed or printed name of signing officer or director Date Daytime Phone #