



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90036 038 ***150.00

DOCUMENT # P03000120517		
1. Entity Name MONACO & MEOLA INC.		
Principal Place of Business 2800 E. COMMERCIAL BLVD #208 FORT LAUDERDALE, FL 33308		Mailing Address 2800 E COMMERCIAL BLVD STE 208 FORT LAUDERDALE, FL 33308
2. Principal Place of Business - No P.O. Box # 175 W. CAMINO REAL	3. Mailing Address 13900 S. JOG RD # 203-276	
BOCA RATON, FL	DELRAY BEACH, FL	
33432 U.S.A	33446 U.S.A	
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 ALLEN H KATZ, P.A. Street 13900 S. JOG ROAD # 203-276 City DELRAY BEACH, FL 33446 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete MEOLA, JOHN T P.O. BOX 7033 FORT LAUDERDALE, FL 33338	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: 		Date: 4/13/08 Daytime Phone #: 954 249 2055
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



02292008 Chg-P CR2E034 (12/06)

4. FEI Number **61-1459649** Applied For Not Applicable

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