


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90039 041 \*\*\*158.75

<b>DOCUMENT # P04000100641</b>			
1. Entity Name MONARCH FINANCIAL GROUP, INC.			
Principal Place of Business 2100 PONCE DE LEON BLVD. #1050 CORAL GABLES, FL 33134		Mailing Address 2100 PONCE DE LEON BLVD. #1050 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box # 9737 NW 41 ST		3. Mailing Address 9737 NW 41 ST	
Suite, Apt. #, etc. #186		Suite, Apt. #, etc. #186	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33178	Country US	Zip 33178	Country US
6. Name and Address of Current Registered Agent  TORRES, DANIEL 2100 PONCE DE LEON # 1050 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name <u>David Braun</u> Street Address (P.O. Box Number is Not Acceptable) <u>9737 NW 41 ST</u> <u>#186</u> City <u>Miami</u> <b>FL</b> Zip Code <u>33178</u>	
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 <u>David Braun</u> <u>DAVID BRAUN</u> DATE <u>01/19/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D TORRES, DANIEL 2100 PONCE DE LEON BLVD # 1050 MIAMI, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Braun 9737 NW 41 ST #186 Miami, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>David Braun</u> <u>DAVID BRAUN</u>		Date <u>01/19/2007</u> Daytime Phone # <u>(305) 28-2405</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

