2004 FOR PROFIT CORPORATION

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DOCUMENT # P9400003956 1. Entity Name							04 MAR -9 AM 11:0	Ļ		
NEW MONACO MANAGEMENT INC.							SECRETARY OF STATE	E		
Principal Place of Business Mailing Address					:	1	TALLAHESS IL BUMI)K	×	
210 71ST STREET			210 71ST STREET							
#309			#309	#309						
MIAMI BEACH FL 33141			MIAMI BEACH FL 33141			İ				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Surle, Apt #, etc.					2E034 (11/03)		
City & State			City & State Zip Country			4. F	65-0469384	No	plied For Applicable	
Zip					ωγ 	Л_		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
PIOTRKOWSKI, JOEL S					Name					
PIO	IHKOWS	<u> </u>	ا حصده سمعت	Street Address	(P.O. B	lox Number is Not Acceptable)				
317-71 STREET MIAMI BEACH FL 33141								 _		
•					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Required Agent signature required when retributing) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						:	Election Campaign Financi Trust Fund Contribution.		O May Be to Fees	
10.		OFFICERS AND		11.		ΑD	L DITIONS/CHANGES TO OFFICE	S AND DIRECTORS	IN 11	
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12. I hereby certify that the information supplied with this filling does not quality 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 five impowered.										
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SIGNATURE: TWO CONTROL THE AND TYPED OR PRINTED WATER OF SIGNAND OFFICER OR DIRECTOR DESIGNATURE AND TYPED OR PRINTED WATER OF SIGNAND OFFICER OR DIRECTOR DESIGNATION DESIGNATION OF THE PROPERTY OF THE PROP										