
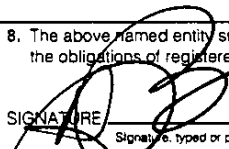


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90181 038 \*\*\*\*61.25

<b>DOCUMENT # 738017</b>			
1. Entry Name <b>MONACO G ASSOCIATION, INC.</b>			
Principal Place of Business C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US		Mailing Address C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERNSTEIN, ARNIE 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487		Name <u>Monaco G</u> Street Address (P.O. Box Number is Not Acceptable) <u>6300 Park of Commerce Blvd</u> City <u>Boca Raton</u> FL Zip Code <u>33487</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 		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGO, PHILIP	NAME	
STREET ADDRESS	304 MONACO G	STREET ADDRESS	
CITY- ST- ZIP	DELRAY BEACH, FL	CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERLBAUM, GEORGE	NAME	
STREET ADDRESS	307 MONACO G	STREET ADDRESS	
CITY- ST- ZIP	DELRAY BEACH, FL	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDINER, DOROTHY	NAME	<u>VPS</u> <del>XXXXXXXXXX</del>
STREET ADDRESS	324 MONACO G	STREET ADDRESS	<del>XXXXXXXXXX</del>
CITY- ST- ZIP	DELRAY BEACH, FL	CITY- ST- ZIP	<del>DELRAY BEACH FL</del>
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABER, SARAH	NAME	
STREET ADDRESS	316 MONACO G	STREET ADDRESS	
CITY- ST- ZIP	DELRAY BEACH, FL 33484	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROBENARE, RICKY	NAME	
STREET ADDRESS	330 MONACO G	STREET ADDRESS	
CITY- ST- ZIP	DELRAY BEACH, FL	CITY- ST- ZIP	
TITLE	DD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELD, MARCEL	NAME	
STREET ADDRESS	302 MONACO G	STREET ADDRESS	
CITY- ST- ZIP	DELRAY BEACH, FL	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 617, 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>Suzanne E. Gilman</u>		Date: <u>3/22/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

40060237



01292007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1742372 Applied For Not Applicable

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

**Filing Fee is \$61.25 Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

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SIGNATURE: Suzanne E. Gilman  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/22/07  
 Date