


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 522059**  
 1. Entity Name  
**MONTE CARLO AUTO SEAT COVERS, INC.**



Principal Place of Business      Mailing Address  
**3445 N.W. 27TH AVENUE**      **3445 N.W. 27TH AVENUE**  
**MIAMI FL 33142**                      **MIAMI FL 33142**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt #, etc.                                      Suite, Apt #, etc.

1st MOORE      CR2E034 (10/06)

City & State                                      City & State

4. FEI Number **59-1708105**      Applied For  
 Not Applicable

Zip      Country                                      Zip      Country

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

**6. Name and Address of Current Registered Agent**  
**CARRASOOSA, MARIA**  
**3445 NW 27TH AVE**  
**MIAMI FL 33142**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	CARRASCOSA, MARIA DEL C.	
STREET ADDRESS	3445 NW 27TH AVE	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARRASCOSA MARIA A	
STREET ADDRESS	3445 NW 27TH AVE	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 04/03/07-80044-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: MARIA CARRASCOJA      **MARIA CARRASCOJA**      3/20/07 (309) 635-8310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #