


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 852801			
1. Entity Name MONTICELLI INVESTMENTS, INC.			
Principal Place of Business % HELGA J. MARKOVICS 1518 STATE AVENUE "A" HOLLY HILL FL 32117 US		Mailing Address % HELGA J. MARKOVICS 1518 STATE AVENUE "A" HOLLY HILL FL 32117 US	
2. Principal Place of Business		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	
MARKOVICS, HELGA J. 1518 STATE AVENUE UNIT A HOLLY HILL FL 32117		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 reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCESCHI, MAURO	NAME	
STREET ADDRESS	AVE. 15 ESQ. CALLE 70	STREET ADDRESS	U00000468211
CITY-ST-ZIP	MARACAIBO, VENEZUELA	CITY-ST-ZIP	03/24/06-80022-011 150.00
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARICE, ROBERTO	NAME	
STREET ADDRESS	AVE. 15 ESQ. CALLE 70	STREET ADDRESS	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCESCHI, JUAN GUIDO	NAME	
STREET ADDRESS	AVE. 15 ESQ. CALLE 70	STREET ADDRESS	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALVENTANO, FRANCISCO	NAME	
STREET ADDRESS	AVE. 15 ESQ. CALLE 70	STREET ADDRESS	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCESCHI, SANTE	NAME	
STREET ADDRESS	AVE. 15 ESQ. CALLE 70	STREET ADDRESS	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKOVICS, HELGA J.(ASST	NAME	
STREET ADDRESS	19 RIDGE TRAIL	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	CITY-ST-ZIP	



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2750149** Applied For Not Applicable

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

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: *Helga J. Markovics* **H. MARKOVICS** 3/13/06 (386)677-3741