

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90084 015 ***150.00

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

90084 015



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2750149	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKOVICS, HELGA J.
1518 STATE AVENUE
UNIT A
HOLLY HILL, FL 32117

**DO NOT WRITE
IN THIS SPACE**

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: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FRANCESCHI, MAURO
STREET ADDRESS AVE. 15 ESQ. CALLE 70
CITY-ST-ZIP MARACAIBO, VENEZUELA,

TITLE TD
NAME LARICE, ROBERTO
STREET ADDRESS AVE. 15 ESQ. CALLE 70
CITY-ST-ZIP MARACAIBO, VENEZUELA,

TITLE VD
NAME FRANCESCHI, JUAN GUIDO
STREET ADDRESS AVE. 15 ESQ. CALLE 70
CITY-ST-ZIP MARACAIBO, VENEZUELA,

TITLE SD
NAME MALVENTANO, FRANCISCO
STREET ADDRESS AVE. 15 ESQ. CALLE 70
CITY-ST-ZIP MARACAIBO, VENEZUELA,

TITLE VD
NAME FRANCESCHI, SANTE
STREET ADDRESS AVE. 15 ESQ. CALLE 70
CITY-ST-ZIP MARACAIBO, VENEZUELA,

TITLE S
NAME MARKOVICS, HELGA J. (ASST
STREET ADDRESS 19 RIDGE TRAIL
CITY-ST-ZIP ORMOND BEACH, FL

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2008

Date

(386) 677-3741

Daytime Phone #