


**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      Mailing Address

**% HELGA J. MARKOVICS**      **% HELGA J. MARKOVICS**  
**1518 STATE AVENUE \*A\***      **1518 STATE AVENUE \*A\***  
**HOLLY HILL, FL 32117 US**      **HOLLY HILL, FL 32117 US**

**DO NOT WRITE IN THIS SPACE**

90084015



01092008      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>59-2750149</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**      **\$5.00** May Be Added to Fees

After May 1, 2008 Fee will be **\$550.00**

9. Election Campaign Financing:  Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCESCHI, MAURO AVE. 15 ESQ. CALLE 70 MARACAIBO, VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LARICE, ROBERTO AVE. 15 ESQ. CALLE 70 MARACAIBO, VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCESCHI, JUAN GUIDO AVE. 15 ESQ. CALLE 70 MARACAIBO, VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALVENTANO, FRANCISCO AVE. 15 ESQ. CALLE 70 MARACAIBO, VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCESCHI, SANTE AVE. 15 ESQ. CALLE 70 MARACAIBO, VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKOVICS, HELGA J.(ASST 19 RIDGE TRAIL ORMOND BEACH, FL

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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 to an address, with all other like empowered.

**SIGNATURE:**       **1/10/2008**      **(386) 677-3741**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #