2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852801

Entity Name: MONTICELLI INVESTMENTS, INC.

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1518 STATI	J. MARKOVICS E AVENUE "A" L, FL 32117	US		HELGA J. MARKOVICS 1518 STATE AVENUE HOLLY HILL, FL 32117	US	
Current Mailing Address:				New Mailing Address:		
1518 STATI	J. MARKOVICS E AVENUE "A" L, FL 32117	US		HELGA J. MARKOVICS 1518 STATE AVENUE HOLLY HILL, FL 32117	US	
FEI Number:	59-2750149	FEI Number Applied For ()	FEI Num	ber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MARKOVICS, HELGA J. 1518 STATE AVENUE UNIT A HOLLY HILL, FL 32117 US The above named entity submits this statement for the purpose of the State of Florida.				MARKOVICS, HELGA J S 1518 STATE AVENUE UNIT A HOLLY HILL, FL 32117 US of changing its registered office or registered agent, or both,		
SIGNATURE: HELGA MARKOVICS 01/06/2009						
SIGNATUR		Signature of Registered Agent	+		Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS: ADDITION				ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		velete AURO, LLE 70		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	TD () C LARICE, ROBER AVE. 15 ESQ. CA MARACAIBO, VEI	LLE 70		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VD () D FRANCESCHI, JU AVE. 15 ESQ. CA MARACAIBO, VEI	LLE 70		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	SD () D MALVENTANO, F AVE. 15 ESQ. CA MARACAIBO, VEI	RANCISC, O LLE 70		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VD () E FRANCESCHI, SA AVE. 15 ESQ. CA MARACAIBO, VEI	LLE 70		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	S () D MARKOVICS, HE 19 RIDGE TRAIL ORMOND BEACH	·		Title: () Name: Address: City-St-Zip:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELGA MARKOVICS S 01/06/2009