FILED
Jul 07, 2003 8:00 am
Secretary of State

5/2

05-27-2003 90172 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000001968

1. Entity Name
MONEGASQUE INC.

44005395

[redacted]

Principal Place of Business	Mailing Address
C/O CITCO B.V.I LIMITED, WICKHAMS CAY PO BOX 662, ROAD TOWN TORTOLA, B.V.I.	~~C/O CITCO B.V.I LIMITED, WICKHAMS CAY PO BOX 662, ROAD TOWN TORTOLA, B.V.I.~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		c/o Langen	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 112 S. Hibiscus Dr.	
City & State		City & State Miami Beach, Fla. 33139	
Zip	Country	Zip	Country USA

4. FEI Number 65-0745550 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGEN, HILARY ESQ
112 S.HIBISCUS DR.
MIAMI, FL 33139

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 ____________________
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, 2003 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT CAVUOTO, MARCO C/O PO BOX 398570 MIAMI BEACH, FL 332398570	☐ Delete	D/P/S/T Davide Parmegiani c/o Langen, 112 S. Hibiscus Dr. Miami Beach, Fla. 33139	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS CAUVOTO, MARIA C/O PO BOX 398570 MIAMI BEACH, FL 332398570	XX Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Davide Parmegiani President (305) 674-0023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #