

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F97048

Entity Name: MONTICA CORP.

FILED
Mar 05, 2008
Secretary of State**Current Principal Place of Business:**75 MIRACLE MILE
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**75 MIRACLE MILE
CORAL GABLES, FL 33134**New Mailing Address:**

FEI Number: 59-2235223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DEUSCHEL, HERB E
8211 W BROWARD BLVD.
340
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: O'ROURKE, MARIA E
Address: 75 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134Title: D () Delete
Name: TINOCO, MARIA E
Address: 75 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134Title: D () Delete
Name: TINOCO, JUAN A
Address: 75 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134Title: DST () Delete
Name: O'ROURKE, JOHN III
Address: 75 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DVPS (X) Change () Addition
Name: O'ROURKE, MARIA E
Address: 75 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DPT (X) Change () Addition
Name: O'ROURKE, JOHN III
Address: 75 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

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: MARIA E O'ROURKE

DVPS

03/05/2008

Electronic Signature of Signing Officer or Director

Date