2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State
04-20-2004 90044 001 ***450.00

DOCUMENT # J17699

1. Entity Name
MONISON PALLETS INC.

Principal Place of Business	Mailing Address
5420 NW 37 AVE MIAMI, FL 33142	5420 NW 37 AVE MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

02232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2806506

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARRASCAL, VICTOR J.
5420 NW 37 AVE
MIAMI, FL 33142

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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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	CARRASCAL, VICTOR
STREET ADDRESS	5420 NW 37TH AVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	STD
NAME	RODRIGUEZ, MARUJA
STREET ADDRESS	5420 NW 37TH AVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	SD
NAME	VASQUEL, MAVILA G
STREET ADDRESS	5420 NW 37TH AVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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