

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J17699

Entity Name: MONISON PALLETS INC.

FILED
Jan 18, 2007
Secretary of State

Current Principal Place of Business:

5420 NW 37 AVE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

5420 NW 37 AVE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 59-2806506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: CARRASCAL, VICTOR
Address: 5420 NW 37TH AVE
City-St-Zip: MIAMI, FL 33142

Title: VP () Delete
Name: VASQUEZ, GEM O
Address: 1615 NW 8 TERR
City-St-Zip: MIAMI, FL 33125

Title: STD () Delete
Name: VASQUEZ, MAVILA G
Address: 3101 NW 2 ST
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VICTOR CARRASCAL

PVD

01/18/2007

Electronic Signature of Signing Officer or Director

Date