
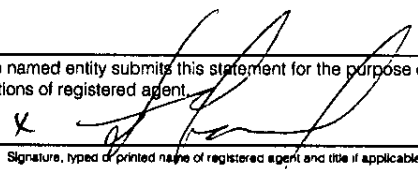
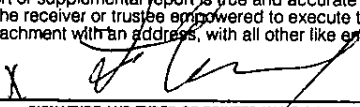


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J17699</b> 1. Entity Name <b>MONISON PALLETS INC.</b>		
Principal Place of Business <b>5420 NW 37 AVE MIAMI, FL 33142</b>		Mailing Address <b>5420 NW 37 AVE MIAMI, FL 33142</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>CARRASCAL, VICTOR J. 5420 NW 37 AVE MIAMI, FL 33142</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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  <b>05/01/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD CARRASCAL, VICTOR 5420 NW 37TH AVE MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VASQUEZ, GEM O 1615 NW 8 TERR MIAMI, FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VASQUEZ, MAVILA G 3101 NW 2 ST MIAMI, FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>05/01/08 305-637-1600</b> <small>Date Daytime Phone #</small>



05052008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2806506</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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U00000950012  
06/03/08-80051-023 150.00

**DO NOT WRITE  
IN THIS SPACE**