

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J46582**

1. Entity Name  
**MONUFAIR INVESTMENTS, INC.**



Principal Place of Business  
**2929 E. COMMERCIAL BLVD  
SUITE 409  
FT. LAUDERDALE, FL 33308 US**

Mailing Address  
**2929 E. COMMERCIAL BLVD.  
SUITE 409  
FT. LAUDERDALE, FL 33308 US**



04212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0002532** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARNES, JOSEPH B.  
2929 E. COMMERCIAL BLVD.  
SUITE 409  
FT. LAUDERDALE, FL 33308**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000344399  
04/29/05-80134-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD NIGG, ERNST 9490 VADUZ, LET. #10 LIECHTENSTEIN,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD NIGG, ANNMARIE 9490 VADUZ, LET. #10 LIECHTENSTEIN,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPAS GATES, VICKIE 2929 E. COMMERCIAL BLVD. #409 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPAS COX, CHRISTY L 2929 E. COMMERCIAL BLVD 409 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

**Vicki O. Gates - VICKI GATES, VP. 4/26/05 9544911950**