

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90002 007 ***150.00

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DOCUMENT # J67769			
1. Entity Name MONOGRAM EMBROIDERING INC.			
Principal Place of Business 7774 WILES RD. CORAL SPRINGS, FL 33067		Mailing Address RICARDO SANTIAGO 4350 N.W. 112TH AVENUE, P.O. BOX 9521 CORAL SPRINGS, FL 33065	
2. Principal Place of Business		3. Mailing Address 4350 NW 112 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Coral Springs, FL	
Zip	Country	Zip	Country
		33065	USA
4. FEI Number 65-0007743		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANTIAGO, RICARDO 4350 N.W. 112TH AVENUE CORAL SPRINGS, FL 33065		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, RICARDO	NAME	
STREET ADDRESS	4350 N.W. 112TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, ANA C.	NAME	
STREET ADDRESS	4350 N.W. 112TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>X Ricardo Santiago</i>		Date: <i>August 1'06</i> Daytime Phone #: <i>954-341-9755</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	