## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45411

Entity Name: MONTICELLO ARMS, INC.

FILED Jan 10, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|                                      |                                  |

901 JEFFERSON AVENUE MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

901 JEFFERSON AVENUE MIAMI BEACH, FL 33139

FEI Number: 65-0085841 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RISER, JEFRE
901 JEFFERSON AVE., APT A
MIAMI BEACH, FL 33139 US

RISER, JEFRE
901 JEFFERSON AVE.
APT # A

MIAMI BEACH, FL 33139 US

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: 01/10/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 NORTON, KIM,
 Name:

 Address:
 1430 SOUTH DAYTONA AVE
 Address:

 City-St-Zip:
 FLAGLER BEACH, FL 32136
 City-St-Zip:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 RISER, JEFRÉ T.,
 Name:
 RISER, JEFRÉ T.,

 Address:
 901 JEFFERSON AVE., A
 Address:
 901 JEFFERSON AVE., A

 City-St-Zip:
 MIAMI BCH., FL
 City-St-Zip:
 MIAMI BCH., FL
 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFRE T RISER DP 01/10/2005