

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90026 047 \*\*\*\*55.00

DOCUMENT # L02000003655

1. Entity Name  
MONET CHARTERS LLC



Principal Place of Business  
9330 NORTHWEST 110TH AVE.  
MIAMI, FL 33178

Mailing Address  
9330 NORTHWEST 110TH AVE.  
MIAMI, FL 33178



04202005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3604664</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

SANCHEZ-ABALLI, RAFAEL ESQ.  
1401 BRICKELL AVE. SUITE 825  
MIAMI, FL 33131

*801 Brickell Ave  
Suite 2380*

**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]* *Fausto G. Diaz*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/21/05*  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIAZ, FAUSTO G 9330 NORTHWEST 110TH AVE. MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIAZ, ROSA M 9330 NORTHWEST 110TH AVE. MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* *Fausto G. Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/21/05*  
Date

*305-887-0797*  
Daytime Phone #