


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90161 050 \*\*\*150.00

<b>DOCUMENT # M34348</b> Entity Name <b>MONTY'S IN THE GROVE, INC.</b>	
--	---

Principal Place of Business <b>2550 SOUTH BAYSHORE DRIVE MIAMI, FL 33133 US</b>	Mailing Address <b>5901 S.W. 74 STREET SUITE 408 MIAMI, FL 33143 US</b>
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04072004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2689060**

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

**O'NAGHTEN, JUAN T  
2665 S BAYSHORE DR  
STE 200  
MIAMI, FL 33133**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP KNEAPLER, STEPHEN 2550 SOUTH BAYSHORE DRIVE MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VST DIAZ, MANUEL A. 2550 SOUTH BAYSHORE DRIVE MIAMI, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DIAZ, MANUEL, A 2550 SOUTH BAYSHORE DRIVE MIAMI, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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

4/30/04 (205) 858-1431

Date Daytime Phone #