2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000010461

1. Entity Name
MONSTRO PC CORP.

Principal Place of Business	Mailing Address
2253 SW 9TH STREET MIAMI, FL 33135	2253 SW 9TH STREET MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

03042004   No Chg-P   CR2E034 (10/03)

4. FEI Number
65-0977837

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, CARLOS A JR.
2253 SW 9TH STREET
MIAMI, FL 33135

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, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000093046 03/22/04--80001-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALVAREZ, CARLOS A JR
STREET ADDRESS	2253 SW 9TH STREET
CITY-ST-ZIP	MIAMI, FL 33135

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: _____   03/17/04   3056421636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #