


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90027 014 \*\*\*158.75

**DOCUMENT # P0000050327**

1. Entity Name  
**MONZON & SON CORP.**



Principal Place of Business      Mailing Address  
**2260 WEST 8 CT.**      **2260 WEST 8 CT.**  
**HIALEAH FL 33012**      **HIALEAH FL 33012**

**66404749**



MOORE      CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
**2260 W 8 CT**      **2260 W 8 CT**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Hialeah Fla**      **Hialeah Fla**  
 Zip      Country      Zip      Country  
**33012**      **U.S.A**      **33012**      **U.S.A**

4. FEI Number      Applied For  
**65-7016386**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**MONZON, LEONARDO**  
**7535 WEST 14 CT.**  
**HIALEAH FL 33014**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City      **FL**      Zip Code \_\_\_\_\_

B. 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 Leonardo Monzon Leonardo Monzon 2-19-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MONZON, LEONARDO</b>
STREET ADDRESS	<b>7535 WEST 14 COURT</b>
CITY-ST-ZIP	<b>HIALEAH FL 33014</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DE JESUS MONZON, LEONARDO</b>
STREET ADDRESS	<b>7535 WEST 14 COURT</b>
CITY-ST-ZIP	<b>HIALEAH FL 33014</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Leonardo Monzon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-04  
Date Daytime Phone #