

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90505 022 ***155.00

DOCUMENT # P00000110627

1. Entity Name

MONARC ENTERPRISES, INC.



Principal Place of Business

266 WILSHIRE BLVD., STE. 127
CASSELBERRY FL 32707

Mailing Address

600A SOUTH KROME AVE.
HOMESTEAD FL 33030

2. Principal Place of Business

600 SOUTH KROME AVE.

3. Mailing Address

600 SOUTH KROME AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FLORIDA

City & State

HOMESTEAD, FLORIDA

Zip

33030

Country

USA

Zip

33030

Country

USA

4. FEI Number

85-0478944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINHA, ARVIND K
266 WILSHIRE BLVD., STE. 127
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

SINHA, ARVIND K.

Street Address (P.O. Box Number is Not Acceptable)

600 SOUTH KROME AVE.

City

HOMESTEAD

FL

Zip Code

33030

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 ARVIND K. SINHA

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

(NOTE: Registered Agent signature required when reinstating)

04/23/04

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 PD ☒ Delete
NAME SINHA, ARVIND K
STREET ADDRESS 266 WILSHIRE BLVD., STE. 127
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE STD ☒ Delete
NAME SINHA, SONIA
STREET ADDRESS 266 WILSHIRE BLVD., STE. 127
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME SINHA ARVIND K.
STREET ADDRESS 600 SOUTH KROME AVE
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE STD ☒ Change ☐ Addition
NAME SINHA SONIA
STREET ADDRESS 600 SOUTH KROME AVE
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: [Signature] [ARVIND K. SINHA]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/04 (305)2476731
Date Daytime Phone #