

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000111081

1. Entity Name
MONA LISA USA, INC.



Principal Place of Business

**1901 NE 167TH ST.
MIAMI, FL 33162**

Mailing Address

**1901 NE 167TH ST.
MIAMI, FL 33162**

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1058373

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERNADIN, JEAN CLAUDE
8881 A FOUNTAINBLEU BLVD APT 205
MIAMI, FL 33172**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERNADIN, JEAN CLAUDE
STREET ADDRESS	8881 A FOUNTAINBLEU BLVD APT 205
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	BERNADIN, MARTA
STREET ADDRESS	8881 A FOUNTAINBLEU BLVD APT 205
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/05-80114-021 150.00

**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)(f), 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 no address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN CLAUDE BERNADIN

4/20/05 305 947 5500
Date Daytime Phone #