

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000022101

FILED
Aug 15, 2009
Secretary of State

Entity Name: NETWORK PROPERTY INVESTMENTS II, INC.

Current Principal Place of Business:

12767 EQUESTRIAN TRAIL
DAVIE, FL 33330

New Principal Place of Business:

C/O PERLMAN, YEVOLI & ALBRIGHT, P.L.
200 SOUTH ANDREWS AVE, STE 600
FORT LAUDERDALE, FL 33301

Current Mailing Address:

12767 EQUESTRIAN TRAIL
DAVIE, FL 33330

New Mailing Address:

C/O PERLMAN, YEVOLI & ALBRIGHT, P.L.
200 SOUTH ANDREWS AVE, STE 600
FORT LAUDERDALE, FL 33301

FEI Number: 65-1081705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASAD, NOHA
12767 EQUESTRIAN TRAIL
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

C/O PERLMAN, YEVOLI & ALBRIGHT, P.L.
200 SOUTH ANDREWS AVE, STE 600
FORT LAUDERDALE, FL 33301 US

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.

SIGNATURE: PYA

08/15/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: JOSEPH, NOHA
Address: 12767 EQUESTRIAN TRAIL
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGRM (X) Change () Addition
Name: MONARCH PROPERTY & INVESTMENT MGMT, LLC
Address: 200 SOUTH ANDREWS AVE, STE 600
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOHA ASAD

MGRM

08/15/2009

Electronic Signature of Signing Officer or Director

Date