

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 13, 2004 08:00 AM

Secretary of State

DOCUMENT # P02000004095

1. Entity Name

MONASTERY INC.



Principal Place of Business

**2601 S BAYSHORE DR, SUITE 1200
MIAMI, FL 33133**

Mailing Address

**2601 S BAYSHORE DR, SUITE 1200
MIAMI, FL 33133**



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number

27-0000405

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NS CORPORATE SERVICES INC.
501 BRICKELL KEY DR, SUITE 400
MIAMI, FL 33131**

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HORN, JOSEPH
2601 S BAYSHORE DR, SUITE 1200
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EICHENWALD, RICARDO
2601 S BAYSHORE DR, SUITE 1200
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HORN, RALPH
2601 S BAYSHORE DR, SUITE 1200
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SLOSBERGAS, NELSON
2601 S BAYSHORE DR, SUITE 1200
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FREEMAN, STEPHEN A
2601 S BAYSHORE DR, SUITE 1200
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000004032
01/14/04-80011-023 150.00

**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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH HORN
DIRECTOR**

Date

Daytime Phone #

01/09/2004 305 860 0770