
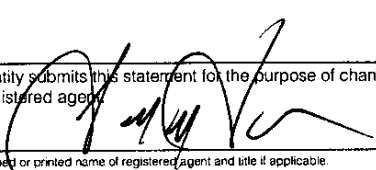
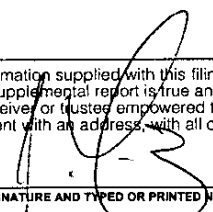


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90084 030 ***150.00

DOCUMENT # P02000091075 1. Entity Name MONOLITHOS OF FLORIDA INC.					
Principal Place of Business 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Transglobal Corporate Administration LLC Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Dr. # 0-305 City Miami	
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.				Applied For <input checked="" type="checkbox"/>	
SIGNATURE: 				4. FEI Number 47-0890827	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DATE: 2/15/06				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
D <input type="checkbox"/> Delete VELEZ, ALVARO 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D <input type="checkbox"/> Delete TAVERA, MARTHA A 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				Date: 2/10/06 Daytime Phone #: (305)374-3800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	