


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90047 028 \*\*\*150.00

<b>DOCUMENT #</b> P02000094438	
<b>1. Entity Name</b>  PRINCESS MONACO OF FLORIDA, INC.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 7423 NW 70th AVE		<b>3. Mailing Address</b> 9720 PINES BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> PARKLAND FL		<b>City &amp; State</b> PEMBROKE PINES, FL	
<b>Zip</b> 33067	<b>Country</b> USA	<b>Zip</b> 33024	<b>Country</b> USA

12000300

**66416474**

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 54-2071470		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> DANNY FARINAS	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 7423 NW 70th AVE	
<b>City</b> PARKLAND	<b>Zip Code</b> FL 33067

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1 Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PTS FARINAS, DANNY 7423 NW 70th AVE PARKLAND, FL 33067	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **DANNY FARINAS** **04/13/04** **(954) 757-7279**

CR2E034B (12/02)