FILED
Apr 21, 2005 8:00 am
Secretary of State

03-28-2005 90074 017 ***150.00
04-21-2005 90221 013 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000120678

1. Entity Name
MONTE CARLO AMUSEMENT CENTER, INC.

Principal Place of Business
5511 ~~HENNISTY~~ DR University Dr
DAVIE, FL 3332

Mailing Address
4844 HIBBS GROVE CIR
COOPER CITY, FL 33330

03022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 5511 University DR
Suite, Apt. #, etc.
City & State: Davie FL
Zip: 33328 Country: US

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 04-3728009 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BAYER, PAULETTE
4844 HIBBS GROVE CIR
COOPER CITY, FL 33330

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BAYER, PAULETTE ~~4844 HIBBS GROVE CIR~~ 8900 N Lake Park Dr ~~COOPER CITY, FL 33330~~ Davie FLA 33328 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] March 15/05 954 804 2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAULETTE BAYER