




**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 15, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90252 025 \*\*\*150.00

<b>DOCUMENT # P02000134621</b>			
1. Entity Name <b>EDGARDO MONTE ENTERPRISES, INC.</b>			
Principal Place of Business 8220 N. FLORIDA AVENUE UNIT 429 TAMPA, FL 33604		Mailing Address 8220 N. FLORIDA AVENUE UNIT 429 TAMPA, FL 33604	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>51-0439265</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SPIGEL &amp; UTREÑA, P.A.</b> 1840 SW 22ND ST 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name <b>Ralph Cardenas</b> Street Address (P.O. Box Number is Not Acceptable) <b>330 E Madison St</b> <b># 825</b> City <b>Tampa</b> FL Zip Code <b>33602</b>	
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  DATE _____ <small>Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when renating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PSTD MONTE, EDGARDO SR 8220 N. FLORIDA AVENUE UNIT 429 TAMPA, FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1(9.07)(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:  <b>EDGARDO MONTE</b>		Date <b>4-29-04</b> 813-935-2214	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

**66428223**



04222004 Chg-P CR2E034 (10/03)