

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010315

FILED  
May 07, 2009  
Secretary of State

Entity Name: MONEX INTERNATIONAL INC.

**Current Principal Place of Business:**

1918 SW 100 AVE.  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

1918 SW 100 AVE.  
MIRAMAR, FL 33025

**New Mailing Address:**

FEI Number: 06-1675680

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONCRIEFFE, GAVASKOR  
1918 SW 100 AVE.  
MIRAMAR, FL 33025 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MONCRIEFFE, JULIAN  
Address: 1918 SW 100 AVE.  
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete  
Name: MONCRIEFFE, GAVASKOR  
Address: 1918 SW 100 AVE.  
City-St-Zip: MIRAMAR, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONCRIEFFE, GAVASKOR

D

05/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date