2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 24, 2006 08:00 AM Secretary of State DOCUMENT # P03000027247 1. Entity Name MONAR MARKET INC. Principal Place of Business Mailing Address 1108 N.W. 62ND STREET 1108 N.W. 62ND STREET MIAMI, FL 33150 MIAMI, FL 33150 No Chg-P 04192006 CRZE034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2326635 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHUMAN, AMER L DO NOT WRITE 1108 N.W. 62ND STREET MIAMI, FL 33150 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable INOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ISTLE MAME SHUMAN, AMER L STREET ADDRESS 1108 N.W. 62ND STREET MIAMI, FL 33150 CHY-ST-279 RITLE U00000529850 05/05/06-80093-809 158.75 MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-Zip TITLE IN THIS SPACE NAME STREET ADDRESS City-St-Zie 7)112 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 further certify that the information indicated on this report or supplier entail report is true and accurate and that my signature shall have the same legal effect as it made under outh; that I am an officer or director of the corporation or the receiver for 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.

MED NAME OF SIGNING OFFICER OR DIRECTOR

FILED