


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90075 035 \*\*\*150.00

<b>DOCUMENT # P03000043679</b>	
1. Entity Name <b>MONARCH ENTERPRISES USA, INC.</b>	

Principal Place of Business <b>243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789</b>	Mailing Address <b>243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789</b>
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2. Principal Place of Business <b>2400 Forsyth Road Suite, Apt. #, etc. Suite 102 City &amp; State Orlando, FL Zip 32807</b>	3. Mailing Address <b>2400 Forsyth Road Suite, Apt. #, etc. Suite 102 City &amp; State Orlando, FL Zip 32807</b>	Country <b>USA</b>	Country <b>USA</b>
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01102004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>FINGER, MICHAEL 1003 N. MCGEE CREEK OVIEDO, FL 32765</b>		7. Name and Address of New Registered Agent Name <b>Finger, Michael</b> Street Address (P.O. Box Number is Not Acceptable) <b>2400 Forsyth Road Suite 102 City Orlando FL Zip Code 32807</b>	
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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 **1/28/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINGER, MICHAEL 16 ALMONDS AVENUE BUCKHURST HILL, ESSEX, UK IG9 5JN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Finger, Michael 2400 Forsyth Road, Suite 102 Orlando, FL 32807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FINGER, JOANNE 16 ALMONDS AVENUE BUCKHURST HILL, ESSEX, UK IG9 5JN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Finger, Joanne 2400 Forsyth Road, Suite 102 Orlando, FL 32807 <input checked="" 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 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:  DATE **1/28/04** DAYTIME PHONE # **407-679-6243**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR