


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90023 018 \*\*\*150.00

<b>DOCUMENT # P03000080131</b> 1. Entity Name <b>MONSALVE T-SHIRT, INC</b>					
Principal Place of Business <b>18847 NW 65 CT. MIAMI, FL 33015</b>			Mailing Address <b>18847 NW 65 CT. MIAMI, FL 33015</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MONSALVE, ESPERANZA</b> <b>18847 NW 65 CT.</b> <b>MIAMI, FL 33015</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MONSALVE, ESPERANZA</b>		NAME		
STREET ADDRESS	<b>18847 NW 65 CT.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33015</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Esperanza Monsalve</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><i>7/6/04</i></span> <span><i>305-844-5280</i></span> </div> <small>Date Daytime Phone #</small>		

04001003



07062004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0103338** Applied For Not Applicable

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

Attachment 54061534

July 6, 2004

Division of Corporations  
Uniform Business Reports  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Uniform Business Report  
Monsalve T Shirt, Inc.  
Certificate # P 03000080131

Attached please find Uniform Business Report for the above mentioned corporation and the check in the amount of \$ 150.00 Fees.

Please accept the 150.00 Dollars payment and waive the penalty for being late for the years 2004 filing, due to the fact that I did not received the annual renewal report on time to file.

If further information is needed, please contact me.

Sincerely,



Esperanza Monsalve  
18847 NW 65 Ct.  
Miami, Florida 33015  
305-804-5250