

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

|                                                     |                                                                                   |
|-----------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000080953</b>                      |  |
| 1. Entity Name<br><b>MONSTER INVESTMENTS, CORP.</b> |                                                                                   |

|                                                                                    |                                                                                |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br><b>890 PINECREST DR.<br/>MIAMI SPRINGS FL 33160</b> | Mailing Address<br><b>1680 MICHIGAN AVE, STE 1104<br/>MIAMI BEACH FL 33139</b> |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State                                          | City & State                              |
| Zip                                                   | Country                                   |

|                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>HERNANDEZ, JOSE A<br/>890 PINECREST DR.<br/>MIAMI SPRINGS FL 33160</b> |  |
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|-------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
|-------------------------------------------------------------------------------------------------------------------|--|

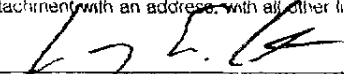
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |  |
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|------------------------------------------------------------------------------------------------------------------|--|
| SIGNATURE _____<br><small>(Signature, typed or printed name of registered agent and title if applicable)</small> |  |
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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> |  |
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| 10. OFFICERS AND DIRECTORS                     |                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                            |
|------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HERNANDEZ, JOSE A<br/>890 PINECREST DR.<br/>MIAMI SPRINGS FL 33160</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>04/18/06 014 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MARTINEZ, LAZARO E<br/>1205 THRUSH AVE.<br/>MIAMI SPRINGS FL 33160</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  **3/28/06**