## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000103918

**Entity Name: MONA TRANSFERT INC.** 

FILED Oct 11, 2004 Secretary of State

10/11/2004

**Current Principal Place of Business: New Principal Place of Business:** 

1515 E FLETCHER AVE 1515 E FLETCHER AVE SUITE F

TAMPA, FL 33612 TAMPA, FL 33612

**Current Mailing Address: New Mailing Address:** 

1515 E FLETCHER AVE 1515 E FLETCHER AVE SUITE F

TAMPA, FL 33612 TAMPA, FL 33612

FEI Number: 81-0632977 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ST JEAN, CLAUDE ST JEAN, MARIE MONA 1515 E FLETCHER AVE 1515 E FLETCHER AVE SUITE F TAMPA, FL 33612 TAMPA, FL 33612 US

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.

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 ( ).

SIGNATURE: MARIE. M ST. JEAN

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

Title: () Delete (X) Change ( ) Addition

ST JEAN, MONA M Name: Name: ST JEAN, MONA M 1515 E FLETCHER AVE 1515 E FLETCHER AVE SUTIE F Address: Address:

City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33612

Title: Title: () Delete (X) Change ( ) Addition

BELLEVUE, DESIUS Name: ST JEAN, CLAUDE Name:

1515 E FLETCHER AVE 1515 E FLETCHER AVE SUITE F Address: Address:

TAMPA, FL 33612 TAMPA, FL 33612 City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete ST JEAN, FEDERLIN F Name: ST JEAN, FEDERLIN F Name:

1515 E FLETCHER AVE SUITE F 1515 E FLETCHER AVE Address: Address:

City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Ρ SIGNATURE: MARIE MONA ST. JEAN 10/11/2004