2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103918

City-St-Zip:

TAMPA, FL 33612

Entity Name: MONA TRANSFERT INC.

FILED May 03, 2005 Secretary of State

Entity Nai	me: MONA I	RANSFERTING.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1515 E FLI TAMPA, F	ETCHER AVE L 33612	SUITE F			
Current Mailing Address:			New Mailing Address:		
1515 E FLI TAMPA, F	ETCHER AVE L 33612	SUITE F			
FEI Number: 81-0632977 FEI Number App		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1515 E FĹI TAMPA, F		SUITE F S	urnose of changing its registered	d office or registered agent, or both,	
	e of Florida.	submits this statement for the p	urpose of changing its registered	donice of registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did not grows Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ST JEAN, MON	HER AVE SUTIE F	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BELLEVUE, DI	HER AVE SUITE F	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ST JEAN, FED) Delete ERLIN F HER AVE SUITE F	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: MARIE M ST. JEAN P 05/03/2005