2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P04000037460

Entity Name: MONZON & MONZON, INC.

Current Principal Place of Business:

1000 COLONY POINT DR.
APT. 50B
PEMBROKE PINES, FL 33026

New Principal Place of Business:

4055 NW 92 AVE
SUNRISE, FL 33351

Current Mailing Address:

1000 COLONY POINT DR.
APT. 50B
PEMBROKE PINES, FL 33026

New Mailing Address:

4055 NW 92 AVE
SUNRISE, FL 33351

FEI Number: 20-0787414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MKNZON, DILEIDYS
1000 COLONY POINT DR.
APT. 50B
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

MONZON, DILEIDYS
4055 NW 92 AVE
SUNRISE, FL 33351 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.

SIGNATURE: DILEIDYS MONZON 04/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MONZON, DILEIDYS
Address: 1000 COLONY POINT DR. #508
City-St-Zip: PEMBROKE PINES, FL 33026

Title: V ( ) Delete
Name: MONZON, RODOLFO
Address: 1000 COLONY POINT DR. #508
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MONZON, DILEIDYS
Address: 4055 NW 92 AVE
City-St-Zip: SUNRISE, FL 33351

Title: V (X) Change ( ) Addition
Name: MONZON, RODOLFO
Address: 4055 NW 92 AVE
City-St-Zip: SUNRISE, FL 33351

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.

SIGNATURE: DILEIDYS MONZON P 04/26/2005
Electronic Signature of Signing Officer or Director Date