## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 03, 2005 8:00 am Secretary of State 04-27-2005 90338 033 \*\*\*150.00

DOCUMENT # P04000137291  1. Entity Name LA MONARCA, INC.								0.27.2000	70330		
Principal Place of Business 974 SOUTH STATE ROAD 7 MARGATE, FL 33068 US			974	Mailing Address 974 SOUTH STATE ROAD 7 MARGATE, FL 33068 US			66021363				
Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			04202005	Chg-P	CR2E	034 (10/03)	
City & State			City	y & State	·	4. FELNumb	7703933		_ <del></del> -	optied For ot Applicable	
Ziρ		Country	Zip	Zip Coun		itry	5. Certificate	of Status Desired	ß	\$8.75 Add Fee Require	
5. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
GUZMAN, MARIA R 10941-NW 7TH CT.						Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION, FL 33324											
8		/				City			FL	Zip Cod	8
8. The above	napred epti	submits this statement i	or the pur	pose of changing its	register	t ed office or regist	tered agent, or bo	th, in the State of Flor	rida. I am	familiar with,	and accept
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.											
SIGNATUPE // SIGNA											
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   9. Election Campaign Financing Added to Fees											
10.		OFFICERS AND	DIRECTO	ORS	11.		ADDITIONS	L /CHANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11
TITLE NAME	P	I MADIA D		☐ Delete	TITL:	-				☐ Change	☐ Addition
STREET ADORESS	■ ***					ET ADDRESS					
CITY-ST-ZIP		TION, FL 33324				-S1-ZIP					
TITLE NAME	VP SANCHE	Z, GUSTAVO		☐ Delete	- TITLI	- I				Change	☐ Addition
STREET ADDRESS	10941 NW 7TH CT.					ET ADDRESS					
CITY-SI-ZIP	PLANTA	TION, FL 33324			_	-ST-ZIP					
TITLE NAME				Delets	TITL NAM	ſ				Change	Addition
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TITLE NAME		^		☐ Delete	TITLE					☐ Change	Addition
STREET ACCRESS	l					ET ADORESS					
CITY-ST-ZIP	<u> </u>	$\sim$ $/$ $/$				-SI-ZIP		<u>.</u>			
12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or suppliemental geoor 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 of the reopyler 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 any attachment with an address, with all other like empowered.											
SIGNATURE: //SIGNATURE and Printed about the statement of											