


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P04000146008 1. Entity Name MONIQUE-MAURICE ENTERPRISES, INC.	
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Principal Place of Business 6624 GATEWAY AVENUE SARASOTA, FL 34231	Mailing Address 6624 GATEWAY AVENUE SARASOTA, FL 34231
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1787134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEWIS, KURT F
6624 GATEWAY AVENUE
SARASOTA, FL 34231**

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IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000895814 04/24/08-80082-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	GOBOURNE, GERALDINE
NAME	
STREET ADDRESS	6624 GATEWAY AVENUE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE S	GOBOURNE, ROLAND
NAME	
STREET ADDRESS	6624 GATEWAY AVENUE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Geraldine Gubonne, President* **4-10-08** **941-364-8677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #