

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000040119

**Entity Name:** MONSALVE ASSOCIATES, INC.

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10451 66TH STREET  
2ND FLOOR  
PINELLAS PARK, FL 33782 US

**New Principal Place of Business:**

**Current Mailing Address:**

10451 66TH STREET  
2ND FLOOR  
PINELLAS PARK, FL 33782 US

**New Mailing Address:**

**FEI Number:** 56-2505348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WIND, SHELDON L  
5700 MEMORIAL HWY STE 102  
TAMPA, FL 33615 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MONSALVE, SEBASTIAN  
Address: 2600 PASS A GRILLE WAY  
City-St-Zip: ST. PETERSBURG, FL 33706 US

Title: GM  
Name: MONSALVE, S/JL  
Address: 10451 66TH STREET  
City-St-Zip: PINELLAS PARK, FL 33782 US

I hereby 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 all other like empowered.

SIGNATURE: SEBASTIAN MONSALVE.-

P

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date