


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 08, 2006 8:00 am  
Secretary of State

05-01-2006 90297 043 \*\*\*150.00

DOCUMENT # P05000106242			
1. Entity Name M.O.N. INC.			
Principal Place of Business 8359 NW 20TH STREET CORAL SPRINGS, FL 33071		Mailing Address 8359 NW 20TH STREET CORAL SPRINGS, FL 33071	
2. Principal Place of Business 7940 7930 Suite, Apt. #, etc. 840 10 ST		3. Mailing Address 8359 NW 20th ST Suite, Apt. #, etc. CORAL SPRINGS	
City & State NORTH LAUDERDALE		City & State FL 33071	
Zip 33068	Country USA	Zip FL	Country FL
4. FEI Number 20-3259325		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOWE, DENNIS 7740 NW 20TH STREET CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DHARAMDAS, BOODWATIE 8359 NW 20TH STREET CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Boodwatie Dharamdas</u>		Date: <u>4-20-06</u> Daytime Phone #: <u>954-261-1268</u>	