2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165001

629 SHORLINE DR

NAPLES, FL 34119

Address: City-St-Zip:

Entity Name: MONFI, INC.

FILED Apr 20, 2011 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
|---|--|-----------------------|--------------------|---|--|--|
| 629 SHORE NAPLES, F | | US | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| 629 SHORE NAPLES, F | | US | | | | |
| FEI Number: | 20-3996163 | FEI Number Applie | d For () FEI | Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | l Agent: | Name and Address of New Registered Agent: | | |
| FIGA, BOLE 629 SHORE NAPLES, F | ELINE DR. | US | | | | |
| The above in the State | | y submits this statem | ent for the purpos | se of changing its registere | ed office or registered agent, or both | |
| SIGNATUR | E: | | | | | |
| Electronic Signature of Registered Age | | | | | Date | |
| OFFICERS | AND DIRE | CTORS: | | | | |
| Title: Name: Address: City-St-Zip: | P FIGA, BOLE 629 SHOREL NAPLES, FL | INE DR. | | | | |
| Title: Name: Address: City-St-Zip: | VP FIGA BANOS 629 SHOREL NAPLES, FL | INE DR. | | | | |
| Title: Name: | S FIGA. MARIA | A ELENA | | | | |

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: BOLEK FIGA MR. 04/20/2011