

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000008050

Entity Name: MONIA, INC.

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

10204 NEVERSINK CT  
ORLANDO, FL 32817 US

## New Principal Place of Business:

2352 BARONSMEDDE CT  
WINTER GARDEN, FL 34787 US

## Current Mailing Address:

10204 NEVERSINK CT  
ORLANDO, FL 32817 US

## New Mailing Address:

2352 BARONSMEDDE CT  
WINTER GARDEN, FL 34787 US

FEI Number: 20-4144962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCOTT, MONIKA  
10204 NEVERSINK CT  
ORLANDO, FL 32817 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: SCOTT, MONIKA  
Address: 10204 NEVERSINK CT  
City-St-Zip: ORLANDO, FL 32817 US

Title: D ( ) Delete  
Name: SCOTT, MONIKA  
Address: 10204 NEVERSINK CT  
City-St-Zip: ORLANDO, FL 32817 US

Title: D ( ) Delete  
Name: BRZOZOWSKA, IZABELA  
Address: 2160 SULTAN CIR  
City-St-Zip: ORLANDO, FL 32766 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BRZOZOWSKA, IZABELA  
Address: 10204 NEVERSINK CT  
City-St-Zip: ORLANDO, FL 32817 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MONIKA SCOTT

D

04/15/2009

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

\_\_\_\_\_  
Date