2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 8:00 am Secretary of State

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DOCUMENT # P06000052087 1. Enlity Name MONCHI CORPORATION							07 90084	043 ***1:	50.00
Principal Plac	e of Business	Mailing Address	'		100	72700			
2711 NW 21 MIAMI, FL 3	AVENUE	2711 NW 21 AVENUE MIAMI, FL 33142		ş.·	400				
		3. Mailing Address 2							
2. Principal R	dece of Business - No P.O Sox #	W. Dix	ilthus			88) 83 813 B		J(83) () (188)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_	,	04122007	Chg-P	CR2E	034 (12/06)	
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331	81 Countinos A	Zip 33181	USA	5	. Certificate o	Status Desired	,	\$8.75 Add	
	6. Name and Address of Current F	Registered Agent		7	Name and A	ddress of Nev	v Registered	Agent	
DEL PINO, ROGELIO A ESQ			Name	K	lam	on	<u>USo</u>	Ri,O	
5040 NW 7 ST SUITE 750 MIAMI, FL 33216			Street Ac	ddress (P.O	BX Number	is Not Accept	Dixie	. Au	<u>J</u>
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City					Yn U	jomi	FL	- <i>"33</i> "	18/
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. Ilam familiar with, and accept the obligations of registered agent.									
11210/									
SIGNATURE	Vakion 2	SONO					411	210 /	
SIGNATURE	Signature trood or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signatu	ire required whe	en reinstating)		411	210 /	
FIL	Signification and or printed name of registered agent a E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig	n Financing		May Be		4 1.	<u> </u>	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contril	n Financing	\$5.00 Added	May Be to Fees	HANGES TO C	CATE	O DIRECTOR	S IN 11
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(1207 805) 9484383