

2007 FOR PROFIT CORP ANNUAL REPORT

04-23-2007 90068 035 ***150.00

P06000112533

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 23 AM 4:58

DOCUMENT # P06000112533

1. Entity Name

MONTE CRISTO'S GOBAL INVESTMENT GROUP INC



Principal Place of Business

2495 STERLING ROAD
SUITE 22
DAINA BEACH FL 33312

Mailing Address

2495 STERLING ROAD
SUITE 22
DAINA BEACH FL 33312

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3936634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA SANCHEZ, ELSA
2495 STERLING ROAD
SUITE 22
DAINA BEACH FL 33312

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when replacement)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete TITLE: VP NAME: SCALLY, ERNEST F STREET ADDRESS: 2495 STERLING ROAD CITY-STATE-ZIP: DAINA BEACH FL 33312	☐ Change ☐ Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____
☐ Delete TITLE: SEC. NAME: GARCIA SANCHEZ, ELSA STREET ADDRESS: 2495 STERLING ROAD CITY-STATE-ZIP: DAINA BEACH FL 33312	☐ Change ☐ Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____
☐ Delete TITLE: TRE. NAME: GARCIA SANCHEZ, ELSA STREET ADDRESS: 2495 STERLING ROAD CITY-STATE-ZIP: DAINA BEACH FL 33312	☐ Change ☐ Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ELSA GARCIA-SANCHEZ 04/09/07 954-966-1087

Typed or printed name of signing officer or director

Date

Office Phone #