
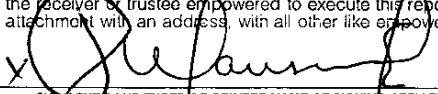


FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90022 033 ***150.00

DOCUMENT # P94000042012				Mar 01, 2007 8:00 am Secretary of State 03-01-2007 90022 033 ***150.00	
1. Entity Name MONSANTE INTERNATIONAL, INC.		Principal Place of Business 5179 N.W. 74TH AVE. MIAMI FL 33166		Mailing Address 5179 N.W. 74TH AVE. MIAMI FL 33166	
2. Principal Place of Business - No P.O. Box # 6941 NW 52 ST Suite, Apt. #, etc.		3. Mailing Address 6941 NW 52 ST Suite, Apt. #, etc.		4. FEI Number 65-0495772 Applied For Not Applicable	
City & State MIAMI FL Zip 33146 Country USA		City & State MIAMI, FL Zip 33146 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONSANTE, ARTURO 8565 SW 137 AVE MIAMI FL 33157		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> 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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
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: X 		2-20-07 305-717-3122			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			