



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000021029	
1. Entity Name MONARCH PROPERTY INVESTMENTS, INC.	

Principal Place of Business P. O. BOX 3123 CORAL GABLES, FL 33134 US	Mailing Address PO BOX 3123 CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE

	
01282005	No Chg-P CR2E034 (10/03)
4. FEI Number 65-0652309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOWLER, ESQ. M 12590 S.W. 96TH STREET MIAMI, FL 33176	DO NOT WRITE IN THIS SPACE
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 reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BERNSTEIN, S. G. P. O. BOX 3123 N/A CORAL GABLES, FL 33134	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>[Signature]</i></u> 1/31/05	Date <u>Jan 8 8 37 34</u> aytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	