## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \_\_\_\_\_

## **Secretary of State DOCUMENT # P96000021029** 1. Entity Name MONARCH PROPERTY INVESTMENTS, INC. Principal Place of Business Mailing Address PO BOX 3123 P. O. BOX 3123 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 US 02012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0652309 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE BOWLER, ESQ. M 12590 S.W. 96TH STREET MIAMI, FL 33176 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstaling) \$5.00 May Se P. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DPST TITLE NAME BERNSTEIN, S. G. STREET ADDRESS P. O. BOX 3123 N/A U0000045563**5** CITY-ST-ZIP CORAL GABLES, FL 33134 \_\_03/15/06-80066-014 150.00 TALE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP उसत IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITCE NAME STREET ADDRESS City-ST-ZiP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-06

3NT 884-8521

**FILED** 

Mar 03, 2006 08:00 AM