


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90028 014 ***150.00

DOCUMENT # P96000031603 1. Entity Name MONA LISA 4TH AVENUE, INC.			
Principal Place of Business 616 NE 8ST HALLANDALE FL 33009		Mailing Address 121 LONE PINE TERRACE HALLANDALE FL 33009	
2. Principal Place of Business Suite, Apt., #, etc.		3. Mailing Address 412 SW 4 TERRACE Suite, Apt., #, etc.	
City & State Zip		City & State HALLANDALE BCH Zip 33009	
6. Name and Address of Current Registered Agent BOUTHILLIER, JEANNINE 121 LONE PINE TERRACE HALLANDALE FL 33009		7. Name and Address of New Registered Agent Name GERARD MORANVILLE Street Address (P.O. Box Number is Not Acceptable) 412 SW 4 TERRACE City HALLANDALE BCH FL Zip Code 33009	
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: <i>Gerard Moranville</i> PST GERARD MORANVILLE DATE: 4-01-04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST BOUTHILLIER, JEANNINE 121 LONE PINE TERRACE HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST GERARD MORANVILLE 412 SW 4 TERRACE HALLANDALE BCH FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Gerard Moranville</i> PST GERARD MORANVILLE 4-1-04 954 458-5494 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



MOORE CR2E034-(11/03)