2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED **DOCUMENT # P98000038771** 06 APR 27 AM 10: 21 1. Entity Name DACRA MONTE CARLO ASSOCIATES, INC. Mailing Address Principal Place of Business 1632 PENNSYLVANIA AVE 1632 PENNSYLVANIA AVE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 No Chg-P CR2E034 (11/05) 04132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0840342 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBINS, CRAIG DO NOT WRITE 1632 PENNSYLVANIA AVE MIAMI BEACH, FL 33139 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPS TITLE ROBINS, CRAIG 500074146705 05/08/06--01014--010 **667.50 NAME 1632 PENNSYLVANIA AVE STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE NAME GRETENSTEIN, STEVEN 1632 PENNSYLVANIA AVE STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

g does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the info indicated on this report or of the corporation or the re supplied with this fili mental report is tr changed, or on an attac

GREHEN STEIN, VICE President

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR