


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000003765</b> 1. Entity Name <b>MONTE CARLO APARTMENTS, INC.</b>	
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Principal Place of Business <b>16100 ABERDEEN WAY MIAMI LAKES FL 33014</b>	Mailing Address <b>16100 ABERDEEN WAY MIAMI LAKES FL 33014</b>
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>65-0893663</b>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent  <b>RIVEIRO, FERNANDO L 16100 ABERDEEN WAY MIAMI LAKES FL 33014</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	DP <input type="checkbox"/> Delete <b>RIVEIRO, FERNANDO L 16100 ABERDEEN WAY MIAMI LAKES FL 33014</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <div style="text-align: center;">                         J00000425397                          02/18/06-80094-016 150.00                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete <b>ROBAINA, JULIO 16221 ABERDEEN WAY MIAMI LAKES FL 33014</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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:** Julio Robaina 2-6-06 305-267-2372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #