

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000013218

1. Entity Name
MONYSTATES, INC.



Principal Place of Business
GREENBERG TRAUIG, P.A.
1221 BRICKELL AVE., 24TH FLOOR
MIAMI, FL 33131

Mailing Address
GREENBERG TRAUIG, P.A.
999 PONCE DE LEON BLVD, MACHADO 1100
CORAL GABLES, FL 33134

FILED
04 APR 13 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04062004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0934629

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A ESQ.
GREENBERG TRAUIG, P.A.
1221 BRICKELL AVE., 24TH FLOOR
MIAMI, FL 33131

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAVALCANTI BEZERRA, RODOLFO
STREET ADDRESS	1221 BRICKELL AVE., 24TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

600033430216
04/21/04--01029--004 **150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-8-04