2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022052

Entity Name: MONIT, CORPORATION

FILED Feb 04, 2007 Secretary of State

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
17221 NE 1 NORTH MI	1TH AVE AMI BEACH, F	L 33162			
Current Mailing Address:			New Mailing A	New Mailing Address:	
17221 NE 11TH AVE NORTH MIAMI BEACH, FL 33162					
FEI Number: 65-0902116 FEI Number Applied For () FEI Nu			FEI Number Not Applicabl	e () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SIAMA, ISH 17221 NE 1 NORTH MI		L 33162 US			
The above in the State		ubmits this statement for the pur	pose of changing its re	gistered office or registered agent, or both,	
SIGNATUR	!E:				
Electronic Signature of Registered Agent			į	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () ISHAK, SIAMA 17221 NE 11 AV NORTH MIAMI B		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () SIAMA, RACHEL 17221 NE 11 AV NORTH MIAMI B	Œ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () SIAMA, HAIM 2440 NE 200 ST N. MIAMI BCH, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AVIVA, SELA 3935 SW 53 CT	Delete DALE, FL 33312	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DROR, SIAMA 3500 NE 191 ST AVENTORA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISHAK SIAMA P 02/04/2007