

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90301 028 ***150.00

DOCUMENT # P99000070333					
1. Entity Name MONSER, INC.					
Principal Place of Business ROBERTO MONTERO 1703 DODGE AVENUE SARASOTA, FL 34234 US			Mailing Address ROBERTO MONTERO 1703 DODGE AVENUE SARASOTA, FL 34234 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MONTERO, ROBERTO L 1703 DODGE AVE SARASOTA, FL 34234				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 P NAME MONTERO, ROBERTO L STREET ADDRESS 1703 DODGE AVE. CITY-ST-ZIP SARASOTA, FL 34234	<input type="checkbox"/> Delete		TITLE S NAME NORMA C. MONTERO STREET ADDRESS 1703 DODGE AVE. CITY-ST-ZIP SARASOTA, FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME SENNA, GUADALUPE STREET ADDRESS 1264 42ND ST CITY-ST-ZIP SARASOTA, FL 34234	<input type="checkbox"/> Delete		TITLE D NAME NARCISO E MONTERO STREET ADDRESS 201 N.W. 109 AVE. #108 CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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"/> Addition	
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"/> Addition	
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"/> Addition	
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"/> Addition	
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:			Roberto L. Montero		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-25-05 941-366-2155		
<small>Date</small>			<small>Daytime Phone *</small>		