


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000070356 |  |
| 1. Entity Name MONSERATE INC. | |

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|---|---|
| Principal Place of Business 10200 W HALLS RIVER RD. HOMOSASSA, FL 34448 | Mailing Address 10200 W HALLS RIVER RD. HOMOSASSA, FL 34448 |
|---|---|

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 59-3602419 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|
| 6. Name and Address of Current Registered Agent PILIOURAS, NEIDA 10200 W HALLS RIVER RD. HOMOSASSA, FL 34447 |
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**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 NAME STREET ADDRESS CITY-ST-ZIP | P PILIOURAS, SAMUEL 18404 TREEHAVEN DR HUDSON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PILIOURAS, AURELIA 18404 TREEHAVEN DR HUDSON, FL |
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05/03/04-80026-002 300.00

**DO NOT WRITE
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:

Samuel Pilioiras
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel Pilioiras

4-26-04 (354) 628 1336
Date Daytime Phone #