2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000070356

1. Entity Name
MONSERATE INC.

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

DO NOT WRITE IN THIS SPACE

01172005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3602419	Not Applicable

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

6. Name and Address of Current Registered Agent

PILIOURAS, NEIDA
10200 W HALLS RIVER RD.
HOMOSASSA, FL 34447

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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
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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PILIOURAS, SAMUEL
STREET ADDRESS	18404 TREEHAVEN DR
CITY-ST-ZIP	HUDSON, FL
TITLE	S
NAME	PICIOURAS, AURELIA
STREET ADDRESS	18404 TREEHAVEN DR
CITY-ST-ZIP	HUDSON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/05-80013-019 158.75

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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: Aurelia Piliouras *Aurelia Piliouras*   1-30-05   (352) 628-1336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #