2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000070366

1. Entity Name

MONARCH PROPERTY DEVELOPMENT, INC.



Principal Place of Business

P.O. BOX 3123 CORAL GABLES, PL 33114 Malling Address

C/O S. BERNSTEIN PO BOX 3123 CORAL GABLES, FL 33114 FILED Mar 03, 2006 08:00 AM Secretary of State



02032006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0989694 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BOWLER, MICHAEL ESQ. 12590 SW 96TH STREET MIAMI, FL 33176

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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 eppticable. (NOTE: Registered Agent signature (equired when retristating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	cing 🗅	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BERNSTEIN, S P.O. BOX 3123 CORAL GABLES, FL 33114				800000455633 03/15/06-80066- 0 13 150.0 0
Title Name Street address City-St-Zip	•				
Title Name Street address City-St-Zip				DO	NOT WRITE
TITLE NAME SIREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
title name sireet adoress city-st-zip				:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemptions contained 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 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

2-28-06

305-775-86/S