


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # S63050 1. Entity Name MONARCH PROPERTIES, INC.	
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Principal Place of Business C/O LEONARD BLOOM PA 201 S. BISCAYNE BLVD. STE. 3000 MIAMI, FL 33131 US	Mailing Address LOEB, BLOCK & PARTNERS, LLP 505 PARK AVE 9TH FLOOR NEW YORK, NY 10022 US
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DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0318660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**B&C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD. STE 3000
MIAMI, FL 33131**

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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 reappointing.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLOOM, LEONARD H 201 S BISCAYNE BLVD STE 3000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WACKSMAN, LEONARD 505 PARK AVE. NEW YORK, NY 10022
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03/08/04-80149-016 150.00

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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:  3/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3/4/04 Daytime Phone: _____