


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90076 048 ***150.00

DOCUMENT # S63050	
1. Entity Name MONARCH PROPERTIES, INC.	

40009227



Principal Place of Business C/O LEONARD BLOOM PA ONE SOUTHEAST THIRD AVENUE, 28TH FL MIAMI, FL 33131 US		Mailing Address LOEB, BLOCK & PARTNERS, LLP 505 PARK AVE 9TH FLOOR NEW YORK, NY 10022 US	
2. Principal Place of Business - No P.O. Box # 1550 NE MIAMI GARDENS DR		3. Mailing Address 1550 NE MIAMI GARDENS DR	
Suite, Apt. #, etc. SUITE 410		Suite, Apt. #, etc. SUITE 410	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33179	Country U.S.A.	Zip 33179	Country U.S.A.

01242007 Chg-P CR2E034 (12/06)

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 BLOOM, LEONARD H ONE SOUTHEAST 3RD AVENUE MIAMI, FL 33131		7. Name and Address of New Registered Agent Name ROBERT BUDOWSKY Street Address (P.O. Box Number is Not Acceptable) 1550 NE MIAMI GARDENS DR SUITE 410 City MIAMI FL Zip Code 33179	
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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  DATE **1/30/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLOOM, LEONARD H ONE SOUTHEAST THIRD AVENUE, 28TH FL MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT BUDOWSKY 1550 NE MIAMI GARDENS DR #410 MIAMI, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WACKSMAN, LEONARD 505 PARK AVE. NEW YORK, NY 10022 <input checked="" 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
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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 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:  **ROBERT BUDOWSKY** Date **1/30/07** Daytime Phone # **305 944 1025**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR