
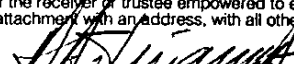


FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90197 009 ***158.75

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 847672			
1. Entity Name INVERSIONES MONTERREY, S.A., INC.			
Principal Place of Business 1200 BRICKELL AV STE 1440 MIAMI, FL 33131 US		Mailing Address 1200 BRICKELL AVE STE 1440 MIAMI, FL 33131 US	
2. Principal Place of Business - No P.O. Box # 2300 CORAL WAY		3. Mailing Address 2300 CORAL WAY	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33145	Country US	Zip 33145	Country US
4. FEI Number 65-0276432		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE PROCESS SERVICE, INC. 2300 CORAL WAY SUITE 201 MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PINILLOS, MARI JOSE 1200 BRICKELL AVE, STE 1440 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2300 CORAL WAY SUITE 200 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ARTINANO, BENITO JR 1200 BRICKELL AVE, STE 1440 MIAMI FL, 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2300 CORAL WAY SUITE 200 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARTINANO, BENITO 1200 BRICKELL AVE, STE 1440 MIAMI FL, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2300 CORAL WAY SUITE 200 MIAMI, FL 33145
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
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: 		BENITO ARTINANO 4-23-08 305-856-0250	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

60036375



04182008 Chg-P CR2E034 (12/06)