

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012283

FILED
Apr 25, 2009
Secretary of State

Entity Name: MONTEVERDI TRUSTEES, INC.

Current Principal Place of Business:

520 BRICKELL KEY DR - STE O-301
MIAMI, FL 33131

New Principal Place of Business:

2600 DOUGLAS ROAD
SUITE 506
CORAL GABLES, FL 33134

Current Mailing Address:

520 BRICKELL KEY DR - STE O-301
MIAMI, FL 33131

New Mailing Address:

2600 DOUGLAS ROAD
SUITE 506
CORAL GABLES, FL 33134

FEI Number: 20-3910578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE MAINTENANCE SERVICES, LLC
520 BRICKELL KEY DR - STE O-301
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

RESTREPO, DIEGO L ESQ
2600 DOUGLAS ROAD
SUITE 506
CORAL GABLES, FL 33134 US

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.

SIGNATURE: DIEGO L RESTREPO ESQ

04/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALAZAR, JULIO C
Address: 520 BRICKELL KEY DR - STE O-301
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: CUARTAS, SANTIAGO C
Address: 520 BRICKELL KEY DR - STE O-301
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SALAZAR, JULIO C
Address: 2600 DOUGLAS ROAD, SUITE 506
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: CUARTAS, SANTIAGO C
Address: 2600 DOUGLAS ROAD, SUITE 506
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO C SALAZAR

D

04/25/2009

Electronic Signature of Signing Officer or Director

Date