


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90279 022 \*\*\*150.00

**DOCUMENT # P03000085036**

1. Entity Name  
**MONTANA 2003, INC.**



4000JUCJ



01192005 Chg-P CR2E034 (10/03)

Principal Place of Business  
 25 SE 2 AVE  
 900 INGRAHAM BUILDING  
 MIAMI, FL 33131

Mailing Address  
 25 SE 2 AVE  
 900 INGRAHAM BUILDING  
 MIAMI, FL 33131

2. Principal Place of Business  
**Two Alhambra Plaza**

3. Mailing Address  
**Two Alhambra Plaza**

Suite, Apt. #, etc.  
**Penthouse 1B**

City & State  
**Coral Gables, Fl.**

City & State  
**Coral Gables, Fl.**

Zip  
**33134**

Country  
**US**

4. FEI Number  
**13-4260982**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MURIA WALD BIONDO MORENO, PA**  
 25 SE 2 AVE  
 900 INGRAHAM BUILDING  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name  
**Murari Wald Biondo Moreno & Brochin P.A.**

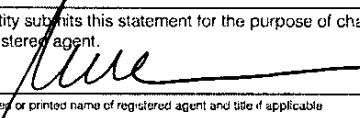
Street Address (P.O. Box Number is Not Acceptable)  
**Two Alhambra Plaza**

**Penthouse 1B**

City  
**Coral Gables**

FL Zip Code  
**33134**

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 reinstating)

DATE  
**4/18/05**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

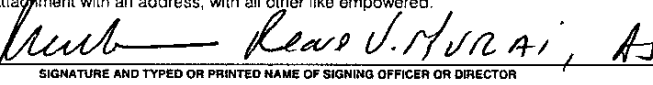
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ALONSO, JUAN I 25 S.E. 2ND AVE., SUITE 900 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS ARAGON, MARIA M 25 S.E. 2ND AVE., SUITE 900 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MURAI, RENE V 25 S.E. 2ND AVE., SUITE 900 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ALONSO, JUAN I Two Alhambra Plaza, PH 1B Coral Gables, Fl. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS ARAGON, MARIA M Two Alhambra Plaza, Penthouse 1B Coral Gables, Fl. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Murari, Rene V Two Alhambra Plaza, Penthouse 1B Coral Gables, Fl. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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:  **Rene V. Murai, AS**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
**4/18/05**

Daytime Phone #  
**305-444-0101**