


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000110579**  
 1. Entity Name  
**MICAMONTE CORPORATION**



Principal Place of Business C/O ICIAR OYARZUN 455 HAMPTON LN KEY BISCAVNE, FL 33149	Mailing Address C/O ICIAR OYARZUN 455 HAMPTON LN KEY BISCAVNE, FL 33149
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**DO NOT WRITE IN THIS SPACE**



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3396655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

OYARZUN, ICIAR  
 C/O ICIAR OYARZUN  
 455 HAMPTON LN  
 KEY BISCAVNE, FL 33149

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renaming) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	DP JOAQUIN DE LA HERRAN MENDIVIL 455 HAMPTON LN KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST OYARZUN, CATALINA 455 HAMPTON LN KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OYARZUN, ICIAR 455 HAMPTON LN KEY BISCAVNE, FL 33149
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 03/18/08-80005-021 150.00

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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: ICIAR OYARZUN 2/28/08 (305) 365-5301  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #