

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050258

FILED
Mar 16, 2009
Secretary of State

Entity Name: MONTALVAN CONSULTING, CORP

Current Principal Place of Business:

375 E ROYAL COVE CIR
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

PO BOX 266713
WESTON, FL 33326

New Mailing Address:

FEI Number: 30-0484579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTALVAN, LUIS E
375 E ROYAL COVE CIR
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONTALVAN, LUIS E
Address: 375 E ROYAL COVE CIR
City-St-Zip: DAVIE, FL 33325

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: MONTALVAN, LUIS E
Address: 375 E ROYAL COVE CIR
City-St-Zip: DAVIE, FL 33325

Title: MRS () Change (X) Addition
Name: DE LA BARRERA, PATRICIA
Address: 375 E ROYAL COVE CIR
City-St-Zip: DAVIE, FL 33325

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS MONTALVAN

MR.

03/16/2009

Electronic Signature of Signing Officer or Director

Date