

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000089309

FILED  
Mar 17, 2004  
Secretary of State

Entity Name: ULTRAMONT PROPERTIES (USA), INC.

**Current Principal Place of Business:**

115 S.E. 2ND STREET SECOND FLOOR  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 110239  
MIAMI, FL 331110239

**New Mailing Address:**

115 S.E. 2ND STREET SECOND FLOOR  
MIAMI, FL 331110239

FEI Number: 13-2771416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEMOS, ANGELO P ESQ  
1101 BRICKELL AVENUE #1700  
MIAMI, FL 331313153 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: DPAS ( ) Delete  
Name: CONSTANTINO, TEODORO  
Address: 115 S.E. 2ND STREET SECOND FLOOR  
City-St-Zip: MIAMI, FL 33131

Title: DVAS ( ) Delete  
Name: CONSTANTINO, ALICIA  
Address: 115 S.E. 2ND STREET SECOND FLOOR  
City-St-Zip: MIAMI, FL 33131

Title: VS ( ) Delete  
Name: CARLOS, GOVANTES  
Address: 115 S.E. 2ND STREET SECOND FLOOR  
City-St-Zip: MIAMI, FL

Title: V ( ) Delete  
Name: TZORTZAKIS, MARIA  
Address: 115 S.E. 2ND STREET SECOND FLOOR  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARLOS GOVANTES

VP

03/17/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date