

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000042142

Entity Name: MONTCAMPS VENTURES, INC.**Current Principal Place of Business:**7660 FAY AVENUE
SUITE H229
LA JOLLA, CA 92037**Current Mailing Address:**7660 FAY AVENUE
SUITE H229
LA JOLLA, CA 92037 US**FEI Number:** 30-0939576**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	CAMPOS, PABLO
Address	7660 FAY AVENUE SUITE H229
City-State-Zip:	LA JOLLA CA 92037

Title	S
Name	CAMPOS, PABLO
Address	7660 FAY AVENUE SUITE H229
City-State-Zip:	LA JOLLA CA 92037

Title	TR
Name	CAMPOS, PABLO
Address	7660 FAY AVENUE SUITE H229
City-State-Zip:	LA JOLLA CA 92037

Title	DIR
Name	CAMPOS, PABLO
Address	7660 FAY AVENUE SUITE H229
City-State-Zip:	LA JOLLA CA 92037

Title	DIR
Name	MONTES, ELSA
Address	7660 FAY AVENUE SUITE H229
City-State-Zip:	LA JOLLA CA 92037

I hereby 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 all other like empowered.

SIGNATURE: PABLO CAMPOS**PRESIDENT****05/06/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date