

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90034 028 ***150.00

DOCUMENT # 513325 1. Entity Name LA MONTINA, INC.																																																																																																																																																					
Principal Place of Business 1445 NW 22 ST MIAMI, FL 33142			Mailing Address 1445 NW 22 ST MIAMI, FL 33142																																																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																		
City & State			City & State																																																																																																																																																		
Zip		Country		4. FEI Number 59-1696160																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent MANUEL, ALONSO 1445 NW 22 ST MIAMI, FL 33142																																																																																																																																																					
7. Name and Address of New Registered Agent Name JOSE LUIS REQUEJO Street Address (P.O. Box Number is Not Acceptable) 1445 N.W. 22 STREET City MIAMI FL Zip Code 33142																																																																																																																																																					
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 JOSE LUIS REQUEJO - PRESIDENT DATE 03-22-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. 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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: JOSE LUIS REQUEJO - PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 03-22-05 DAYTIME PHONE # 305-324-0083 <small>Date Daytime Phone #</small>																																																																																																																																																	