

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 553905

Entity Name: MONTE NUEVO, INC.

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

2 S. BISCAYNE BLVD.  
3400 ONE BISCAYNE TOWER  
MIAMI, FL 331311809

## New Principal Place of Business:

## Current Mailing Address:

2 S. BISCAYNE BLVD.  
3400 ONE BISCAYNE TOWER  
MIAMI, FL 331311809

## New Mailing Address:

FEI Number: 98-0100998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALDES-FAULI CORPORATE SERVICES INC  
2 S BISCAYNE BLVD  
3400 ONE BISCAYNE TOWER  
MIAMI, FL 33131 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: VSD ( ) Delete  
Name: DE QUINONEZ, E A,  
Address: 2 S. BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL

Title: AS (X) Delete  
Name: VALDES-FAULI, R E,  
Address: 2 S. BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL

Title: PTD ( ) Delete  
Name: CORDOBA, EVA,  
Address: 2 S. BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL

## 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:

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: EVA CORDOBA

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date