


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 840136 <small>1. Entity Name</small> INVERSIONI MONTELLO, N.V., CO.	
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Principal Place of Business ONE BISCAYNE TOWER #3400 MIAMI, FL 33131	Mailing Address 147 ALHAMBRA STE. 200 CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0039138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

VALENTINI, BARBARA  
 177 OCEAN LANE DR.  
 KEY BISCAYNE, FL 33145

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000756441  
 05/23/07-80029-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GALLINA, DINO EDIFICIO SUDAMERIS CARACAS, VENEZUELA,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or other like empowered.

SIGNATURE: DINO GALLINA 04/25/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #