
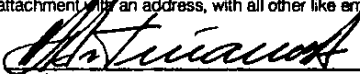


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90192 017 ***158.75

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # 847672 1. Entity Name INVERSIONES MONTERREY, S.A., INC. | | | |  | |
| Principal Place of Business 1200 BRICKELL AV STE 1440 MIAMI, FL 33131 US | | | Mailing Address 1200 BRICKELL AVE STE 1440 MIAMI, FL 33131 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 65-0276432 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CORPORATE PROCESS SERVICE, INC. 2300 CORAL WAY SUITE 201 MIAMI, FL 33145 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <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, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD PINILLOS, MARI JOSE 1200 BRICKELL AVE, STE 1440 MIAMI, FL 33131 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD ARTINANO, BENITO JR 1200 BRICKELL AVE, STE 1440 MIAMI FL, 33131 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ARTINANO, BENITO 1200 BRICKELL AVE, STE 1440 MIAMI FL, FL 33131 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS CASTRO, CARLOS ALBERTO 1200 BRICKELL AVE, STE 1440 MIAMI FL, 33131 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 all other like empowered. | | | | | |
| SIGNATURE:  | | | 04/26/2006 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | |
| | | | <small>Daytime Phone #</small> | | |

ATTACHMENT 40079410
847672

CORPORATE PROCESS SERVICES, INC.

2300 Coral Way Suite
Miami, Florida 33145
Phone (305) 856-0056
Fax (305) 856-2030

May 1, 2006

Mr. Sean Toner
Department of State
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Ref: 2006 Renewal Uniform Business Reports

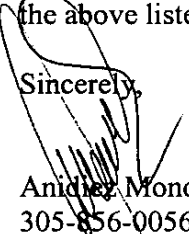
Dear Mr. Sean Toner

Enclosed please find the following 2006 Uniform Business Report, Corporation Renewals forms, each with their corresponding fees.

1 – INVERSIONES MONTERREY, S.A. INC.

Please do not hesitate to contact us, if you should have any questions concerning any of the above listed entities.

Sincerely,


Anidiez Mondeja
305-856-0056

Enclosures