


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90162 032 ***150.00

DOCUMENT # H61082 1. Entity Name MONTENAY POWER CORP.					
Principal Place of Business 6990 N.W. 97TH AVENUE, UNIT 5 MIAMI, FL 33178 US			Mailing Address 6990 N.W. 97TH AVENUE, UNIT 5 MIAMI, FL 33178 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 59-2540394	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET LOWER LEVEL TALLAHASSEE, FL 32301-0000				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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	DP PASSAGE, STEPHEN S <input type="checkbox"/> Delete 6990 N.W. 97TH AVENUE, UNIT 5 MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPTAS Murphy, Thomas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6990 NW 97th Ave., Unit 5 Miami FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS MURPHY, THOMAS <input checked="" type="checkbox"/> Delete 6990 N.W. 97TH AVENUE, UNIT 5 MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Skopp, Fredric M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6990 NW 97th Avenue, Unit 5 Miami FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHAE, YOON <input type="checkbox"/> Delete 6990 N.W. 97TH AVENUE, UNIT 5 MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Conde, Cristina <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6990 NW 97th Ave., Unit 5 Miami FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORTON, THOMAS A <input checked="" type="checkbox"/> Delete 6990 N.W. 97TH AVENUE, UNIT 5 MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gilbert, Benjamin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6990 NW 97th Ave, Unit 5 Miami FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEU, CHRIS <input type="checkbox"/> Delete 6990 N.W. 97TH AVENUE, UNIT 5 MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lehr, Jay <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6990 NW 97th Ave., Unit 5 Miami FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SKOPP, FREDRIC M <input checked="" type="checkbox"/> Delete 6990 N.W. 97TH AVENUE, UNIT 5 MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Bruckert, Raphael B. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6990 NW 97th Ave, Unit 5 Miami FL 33178	
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: <u>Cristina Conde</u> CRISTINA CONDE <u>04-30-04</u> <u>(305) 499-9495</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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