

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K13167

1. Entity Name
MONTENAY INVESTMENTS, INC.



05 APR 18 AM 11:05

FILED
TALLAHASSEE, FLORIDA

Principal Place of Business
ONE PENNSYLVANIA PLAZA
SUITE 4400
NEW YORK, NY 10119

Mailing Address
ONE PENNSYLVANIA PLAZA
SUITE 4400
NEW YORK, NY 10119



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005

Chg-P

CR2E034 (10/03)

05

City & State

City & State

4. FEI Number
65-0110005

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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
TALLAHASSEE, FL 32301-0000

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2005 Fee will be \$200.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fee

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PASSAGE, STEPHEN S ONE PENNSYLVANIA PLAZA, STE 4400 NEW YORK, NY 10119 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS CONDE, CRISTINA 6990 NW 97TH AVE., UNIT 5 MIAMI, FL 33178 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPT MURPHY, THOMAS A ONE PENNSYLVANIA PLAZA, STE 4400 NEW YORK, NY 10119 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP NEU, CHRISTOPHER J ONE PENNSYLVANIA PLAZA, STE 4400 NEW YORK, NY 10119 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS SKOPP, FREDRIC M 1605 MAIN STREET SUITE 711 SARASOTA, FL 34236 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP CHAE, YOON ONE PENNSYLVANIA PLAZA, STE 4400 NEW YORK, NY 10119 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

000052296120
04/27/05--01001--019 **750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Assistant SECRETARY 04-15-05 (305) 5-