

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90002 009 ***150.00

DOCUMENT # K13167

1. Entity Name
MONTENAY INVESTMENTS, INC.



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

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

50024928



2. Principal Place of Business
6990 NW 97th Avenue

3. Mailing Address
6690 NW 97th Avenue

Suite, Apt. #, etc.
Building #5

Suite, Apt. #, etc.
Building #5

08042006 Chg-P CR2E034 (11/05)

City & State
Miami FL

City & State
Miami FL

4. FEI Number
65-0110005

Applied For
Not Applicable

Zip
33178

Country
USA

Zip
33178

Country
USA

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.
515 E. PARK AVE.
TALLAHASSEE, FL 32301**

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **PASSAGE, STEPHEN S**
STREET ADDRESS **ONE PENNSYLVANIA PLAZA, STE 4400**
CITY-ST-ZIP **NEW YORK, NY 10119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **CONDE, CRISTINA**
STREET ADDRESS **6990 NW 97TH AVE., UNIT 5**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVPT** ☐ Delete
NAME **MURPHY, THOMAS A**
STREET ADDRESS **ONE PENNSYLVANIA PLAZA, STE 4400**
CITY-ST-ZIP **NEW YORK, NY 10119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **NEU, CHRISTOPHER J**
STREET ADDRESS **ONE PENNSYLVANIA PLAZA, STE 4400**
CITY-ST-ZIP **NEW YORK, NY 10119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPS** ☐ Delete
NAME **SKOPP, FREDRIC M**
STREET ADDRESS **1605 MAIN STREET SUITE 711**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☐ Delete
NAME **CHAE, YOON**
STREET ADDRESS **ONE PENNSYLVANIA PLAZA, STE 4400**
CITY-ST-ZIP **NEW YORK, NY 10119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/09/06

(305) 499-9495

Date

Daytime Phone #