2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# K13167

Entity Name: MONTENAY INVESTMENTS, INC.

Current Principal Place of Business:

6990 NW 97TH AVE
BLDG 5
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

6990 NW 97TH AVE
BLDG 5
MIAMI, FL 33178

New Mailing Address:

FEI Number: 65-0110005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH,LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	PASSAGE, STEPHEN S	
Address:	ONE PENNSYLVANIA PLAZA, STE 4400	
City-St-Zip:	NEW YORK, NY 10119	
Title:	AS	( ) Delete
Name:	CONDE, CRISTINA	
Address:	6990 NW 97TH AVE., UNIT 5	
City-St-Zip:	MIAMI, FL 33178	
Title:	DVPT	( ) Delete
Name:	MURPHY, THOMAS A	
Address:	ONE PENNSYLVANIA PLAZA, STE 4400	
City-St-Zip:	NEW YORK, NY 10119	
Title:	VP	( ) Delete
Name:	NEU, CHRISTOPHER J	
Address:	ONE PENNSYLVANIA PLAZA, STE 4400	
City-St-Zip:	NEW YORK, NY 10119	
Title:	VPS	( ) Delete
Name:	SKOPP, FREDRIC M	
Address:	6990 NW 97TH AVE, #5	
City-St-Zip:	MIAMI, FL 33178	
Title:	DVP	( ) Delete
Name:	CHAE, YOON	
Address:	ONE PENNSYLVANIA PLAZA, STE 4400	
City-St-Zip:	NEW YORK, NY 10119	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	NEU, CHRISTOPHER J	
Address:	6990 NW 97TH AVE., BLDG 5	
City-St-Zip:	MIAMI, FL 33178	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTINA CONDE AS 02/10/2009

Electronic Signature of Signing Officer or Director — Date