
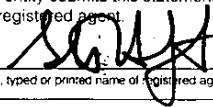



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90234 027 \*\*\*150.00

<b>DOCUMENT # L60735</b> 1. Entity Name <b>MONTECITO CORPORATION</b>			
Principal Place of Business <b>C/O NEAL W KNIGHT, JR.</b> <b>PO BOX 431</b> <b>PALM BEACH, FL 33480 US</b>		Mailing Address <b>C/O NEAL W KNIGHT, JR.</b> <b>PO BOX 431</b> <b>PALM BEACH, FL 33480 US</b>	
2. Principal Place of Business - No P.O. Box # <b>340 Royal Poinciana way</b> Suite, Apt. #, etc. <b>Ste 321</b> City & State <b>Palm Beach FL</b> Zip <b>33480</b> Country <b>USA</b>		3. Mailing Address <b>c/o Stuart Haft, Esq.</b> Suite, Apt. #, etc. <b>PO Box 431</b> City & State <b>Palm Beach FL</b> Zip <b>33480</b> Country <b>USA</b>	
4. FEI Number <b>65-0187050</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROGERS, DOYLE</b> <b>321 ROYAL POINCIANA PLAZA</b> <b>PALM BEACH, FL 33480</b>		7. Name and Address of New Registered Agent Name <b>STUART J HAFT, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Alley Maass Rogers &amp; Lindsay, P.A.</b> <b>340 Royal Poinciana way Ste 321</b> City <b>Palm Beach</b> FL Zip Code <b>33480</b>	
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 <u></u> DATE <b>4/24/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KASSAR, RAYMOND 116 E. 70TH ST NEW YORK, NY 10021	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KASSAR, WILLIAM E APT. 27-D, 525 S FLAGLER DR. WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KASSAR, MARCELLE APT. 27-D, 525 S FLAGLER DR. WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
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: <u></u> <b>Raymond Kassar</b> Date <b>4/20/2008</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	