2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 28, 2004 08:00 AM Secretary of State

DOCUMENT # M64176 1. Entity Name MONTERO & GARCIA CORP.						Secretary of State				
Principal Place of Business 9192 CORAL WAY STE 201 MIAMI, FL 33165			Mailing Address 9192 CORAL WAY STE 201 MIAMI, FL 33165		# # # # # # # # # # # # # # # # # # #					
Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt. #, etc.							
			City & State			04052004	Chg-P	CR2E034	·	
City & State						4. FEI Numbe 59-243				plied For I Applicable
Zip			Zip Count		itry	5. Certificate of Status Desired				
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
CABALLERO, MARCIA B ESQ 9192 CORAL WAY					Street Address (P.O. Box Number is Not Acceptable)					
STE 201 MIAMI, FL										
				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 little if applicable (NOTE, Registered Agent signature required when reinstating) DATE										
FiL After Ma	E NOW!!! ay 1, 2004	FEE IS \$150.00 4 Fee will be \$550.0		00 May Se ed to Fees						
10.	Eag.	OFFICERS AND I		11.		ADDITIONS/	CHANGES TO OFF		-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVENIDA	O GARCIA, LUIS A. COLOMBIA #3-35 IRES ISL. COL.,	☐ Delete		- 1				Change	☐ Addition
TIFLE NAME STREET ADDRESS CITY-SI-ZIP	AVENIDA	O GARCIA, AQUILES COLOMBIA #3-35 PRES ISL. COL.,	☐ Delete		· 1		U00000 -05/28/04	161739 □ 80002-01	Change 7 150	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVENIDA	FERO, GARCIA E COLOMBIA #3-35 PRES ISL. COL.,	☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVIENDA	MONTERO B COLOMBIA #3-35 PRES ISL COL,	□ Delete		3			E	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate		1			£	Change	☐ Addition
12. Thereby certify that the information supplied with this filling 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 expeets in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										