

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M60245

1. Entity Name
MONTENAY PROJECTS INC.



05 APR 18 AM 11:03

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

Mailing Address
ONE PENNSYLVANIA PLAZA
4400
NEW YORK, NY 10119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112005

Chg-P

CR2E034 (10/03)

05



4. FEI Number
65-0009866

Applied For
Not Applicable

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 Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input type="checkbox"/> Delete
NAME	SKOPP, FREDRIC M	
STREET ADDRESS	6990 NW 97 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEU, CHRISTOPHER J	
STREET ADDRESS	ONE PENNSYLVANIA PLAZA, STE 4400	
CITY-ST-ZIP	NEW YORK, NY 10119	
TITLE	CDP	<input type="checkbox"/> Delete
NAME	PASSAGE, STEPHEN S	
STREET ADDRESS	ONE PENNSYLVANIA PLAZA STE 4400	
CITY-ST-ZIP	NEW YORK, NY 10119	
TITLE	DVTA	<input type="checkbox"/> Delete
NAME	MURPHY, THOMAS	
STREET ADDRESS	ONE PENNSYLVANIA PLAZA, STE 4400	
CITY-ST-ZIP	NEW YORK, NY 10119	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHAE, YOON	
STREET ADDRESS	ONE PENNSYLVANIA PLAZA, STE 4400	
CITY-ST-ZIP	NEW YORK, NY 10119	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CONDE, CRISTINA	
STREET ADDRESS	6990 NW 97TH AVE	
CITY-ST-ZIP	MIAMI, FL 33178	

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

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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:

Cristina Conde
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-15-05 (305) 499-9495