2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 31, 2006 08:00 AM DOCUMENT # M83148 **Secretary of State** 1. Entity Name MONTEGO LAND CORPORATION Principal Place of Business Mailing Address % JAIME GONZALEZ 740 BLUEBIRD LANE % JAIME GONZALEZ 740 BLUEBIRD LANE PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0068945 Not Applicate Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, JAIME Street Address (P.O. Box Number is Not Acceptable) 740 BLUEBIRD LANE PLANTATION FL 33324 City 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 access the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 6 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D ☐ Detele TITLE ☐ Change Adda:a NAME GONZALEZ, JAIME U00000408598 NAME STREET ADDRESS 740 BLUEBIRD LANE STREET ADDRESS 102/08/06-80066-005 150.00 CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP TITLE DVP ☐ Delete TITLE Change Additi-NAME ESCOBAR, JAIME NAME STREET ADDRESS 740 BLUEBIRD LANE STREET ADDRESS CITY - ST - ZIP PLANTATION FL 33324 CITY - ST - 2IP ☐ Delete TITLE Additii ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Additi NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change FT Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TATLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

JAIME GOYVALES DP

JAN 26/06 (954)473-8452

FILED