


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90014 048 ****70.00

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1. Entity Name
MONTE AETH, INC



Principal Place of Business Mailing Address

1651 WEST 37TH ST 1651 WEST 37TH ST
 402 402
 MIAMI FL 33012 MIAMI FL 33012



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number Applied For

16-1686820 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUNA, MARCELO E
2350 SW 23RD TERR
MIAMI FL 33145

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VILLAMIZAR, CARMEN	
STREET ADDRESS	14344 SW 144TH CT	
CITY ST ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DAISY	
STREET ADDRESS	19218 NW 81ST PLACE	
CITY ST ZIP	HIALEAH FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAUCEDO, PATRICIA	
STREET ADDRESS	10889 NW 7TH ST # 24	
CITY ST ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VILLAMIZAR, CARMEN	
STREET ADDRESS	14944 SW 144 CT	
CITY ST ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
NAME	T NORA Rodriguez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	142 Palm Avenue	
CITY ST ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST 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 617, 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: *Patricia Saucedo* **PATRICIA SAUCEDO** 3/16/07 305-299-3505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #