2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 28, 2008 08:00 AM Secretary of State DOCUMENT # N03000009228 1. Entity Name MONTE AETH, INC Principal Place of Business Mailing Address 1651 WEST 37TH ST 1651 WEST 37TH ST MIAMI FL 33012 MIAMI FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number 16-1686820 Not Applicable 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 LUNA, MARCELO E Street Address (P.O. Box Number is Not Acceptable) 2350 SW 23RD TERR MIAMI FL 33145 City 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 the Tappi cable (NOTE: Registered Agent signature ten irrud white reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Change Addition RODRIGUEZ, DAISY NAME U000000842994 19218 NW 81ST PLACE STREET ADDRESS STREET ADDRESS 03/11/08-80052-012 70.00 HIALEAH FL 33015 CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delate ☐ Change Addition SAUCEDO, PATRICIA NAME NAME 10889 NW 7TH ST # 24 STREET ADDRESS STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change RODRIGUEZ, NORA NAME NAME 142 PALM AVENUE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY - ST- ZIP CITY-ST-7/P ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 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. PATRICIA

SIGNATURE:

atricio Janeedoj SAVEEDO

2/25/08 305-299-3505