

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006295

FILED
Apr 21, 2008
Secretary of State

Entity Name: MONTE BINAH, INC.

Current Principal Place of Business:

2942 W. COLUMBUS DR.
#207
TAMPA, FL 33607 US

New Principal Place of Business:

7129 N. ARMENIA AVENUE
TAMPA, FL 33604 US

Current Mailing Address:

2942 W. COLUMBUS DR.
#207
TAMPA, FL 33607 US

New Mailing Address:

7129 N. ARMENIA AVENUE
TAMPA, FL 33604 US

FEI Number: 51-0593357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUNA, MARCELO E
2350 S. W. 23 TERR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAFAEL, LEON
Address: 10130 FORT KING RD
City-St-Zip: DADE CITY, FL 33525 US

Title: VPD () Delete
Name: MONTEALEGRE, AMELIA
Address: 14908 SUMMERWIND DRIVE
City-St-Zip: TAMPA, FL 33624 US

Title: S () Delete
Name: RODRIGUEZ, ANA MARIA
Address: 10303 CHADBOURNE DR.
City-St-Zip: TAMPA, FL 33624 US

Title: S () Delete
Name: ZAPATA, RUBIELA
Address: 3426 ELLENWOOD LANE
City-St-Zip: TAMPA, FL 33618

Title: T () Delete
Name: CALLEJAS, DIXIE
Address: 11332 N OEGON AVE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CALLEJAS, DIXIE
Address: 11332 N OREGON AVE
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL J. LEON

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date