
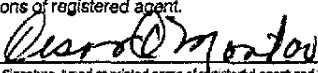



Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000000758 1. Entity Name MONTANO CONDOMINIUM ASSOCIATION, INC.		Jan 20, 2006 08:00 A Secretary of State					
Principal Place of Business 7837 NW 55TH STREET MIAMI, FL 33166		Mailing Address 7837 NW 55TH STREET MIAMI, FL 33166					
DO NOT WRITE IN THIS SPACE		 01102006 No Chg-NP CR2E037 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 65-0875039</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 65-0875039	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent MONTANO, CESAR C 9143 NW 171 LANE HIALEAH, FL 33018		DO NOT WRITE IN THIS SPACE					
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		01-17-06 <small>DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS							
TITLE	D	DO NOT WRITE IN THIS SPACE					
NAME	MONTANO, CESAR C						
STREET ADDRESS	9143 NW 171 LANE						
CITY-ST-ZIP	MIAMI, FL 33018						
TITLE	D						
NAME	SZUSTER, GABRIEL I						
STREET ADDRESS	10010 SW 28 ST	DO NOT WRITE IN THIS SPACE					
CITY-ST-ZIP	MIAMI, FL 33165						
TITLE	D						
NAME	MONTANO, CESAR JR						
STREET ADDRESS	8281 NW 171 STREET						
CITY-ST-ZIP	MIAMI, FL 33015						
TITLE		DO NOT WRITE IN THIS SPACE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
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STREET ADDRESS		DO NOT WRITE IN THIS SPACE					
CITY-ST-ZIP							
TITLE							
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 Chapter 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		01-17-06 305-1923287 <small>Date Daytime Phone #</small>					