

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000069085**

1. Entity Name  
**MONTERINY L.G. CORPORATION**



**Principal Place of Business**

**11323 SW 160 PLACE  
MIAMI, FL 33196**

**Mailing Address**

**11323 SW 160 PLACE  
APT 24  
MIAMI, FL 33196**

**DO NOT WRITE IN THIS SPACE**



03272004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1121822** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**QUILEZ, ARIADNE  
11323 SW 160 PLACE  
MIAMI, FL 33196**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

(DATE)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME QUILEZ, ARIADNE  
STREET ADDRESS 14915 SW 104 STREET # 24  
CITY-ST-ZIP MIAMI, FL 33196**

**TITLE VP  
NAME QUILEZ, HUMBERTO  
STREET ADDRESS 14915 SW 104 STREET # 24  
CITY-ST-ZIP MIAMI, FL 33196**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

U00000101224  
04/02/04-80004-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 as changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ✓

**SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

3/30/04

308-235-5532