

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069085

Entity Name: MONTERINY L.G. CORPORATION

FILED
Feb 01, 2005
Secretary of State

Current Principal Place of Business:

11323 SW 160 PLACE
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

11323 SW 160 PLACE
APT 24
MIAMI, FL 33196

New Mailing Address:

FEI Number: 65-1121822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUILEZ, ARIADNE
11323 SW 160 PLACE
MIAMI, FL 33196 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: QUILEZ, ARIADNE
Address: 14915 SW 104 STREET # 24
City-St-Zip: MIAMI, FL 33196

Title: VP () Delete
Name: QUILEZ, HUMBERTO
Address: 14915 SW 104 STREET # 24
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: QUILEZ, ARIADNE
Address: 3663 SW 150 CT
City-St-Zip: MIAMI, FL 33185

Title: VP (X) Change () Addition
Name: QUILEZ, HUMBERTO
Address: 3663 SW 150 CT
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUMBERTO QUILEZ

VP

02/01/2005

Electronic Signature of Signing Officer or Director

_____ Date