FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90148 011 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000113548

1. Entity Name
MONTANA ASSET MANGEMENT, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
13790 SW 147 CR. LN.	13790 SW 147 CR. LN.
Suite, Apt. #, etc. # 1C	Suite, Apt. #, etc. # 1C
City & State Miami, FL	City & State Miami, FL
Zip 33186 Country ~~Dade~~ USA	Zip 33186 Country USA

4. FEI Number 65-1157680 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name SPIEGEL-PUTRERA, PA

Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22 Street

4th floor

City Miami FL Zip Code 33145

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and date if applicable (NOTE: registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

10. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PID
NAME	Lazaro R. Lopez
STREET ADDRESS	13790 SW 147 Circle Lane #1C
CITY-ST-ZIP	Miami, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President 4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

7862423363