


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P02000123777 |  |
| 1. Entity Name MONTECRIX, INC. | |

| | |
|---|---|
| Principal Place of Business 11508 NW 16TH LANE GAINESVILLE, FL 32606 | Mailing Address 11508 NW 16TH LANE GAINESVILLE, FL 32606 |
|---|---|

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

| | |
|--|---|
| 4. FEI Number 51-0463566 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

CASTELLANOS, ANDRES O
11508 NW 16TH LANE
GAINESVILLE, FL 32606

**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 | PVTS |
| NAME | CASTELLANOS, ANDRES O |
| STREET ADDRESS | 11508 NW 16TH LANE |
| CITY-ST-ZIP | GAINESVILLE, FL 32606 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/30/04-00001-003 150.00

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Andres O Castellano **ANDRES O CASTELLANO** 386-623 1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** 4/29/04 Daytime Phone #