


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90167 031 ***150.00

DOCUMENT # P03000014699 1. Entity Name MONTOYA ARCHITECTURE, INC.					
Principal Place of Business 4315 NW 7 STREET #18 MIAMI, FL 33126			Mailing Address 4315 NW 7 STREET #18 MIAMI, FL 33126		
2. Principal Place of Business 7101 S.W. 80 COURT		3. Mailing Address (SAME)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192006 Chg-P CR2E034 (11/05)	
City & State MIAMI- FL.		City & State		4. FEI Number 14-1880194	
Zip 33143		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTOYA, ARTURO 4315 NW 7 STREET SUITE 18 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name ARTURO MONTOYA Street Address (P.O. Box Number is Not Acceptable) 7101 S.W. 80 COURT City MIAMI FL Zip Code 33143	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME MONTOYA, ARTURO		TITLE PRESIDENT	NAME ARTURO MONTOYA	
STREET ADDRESS 4315 NW 7 STREET, SUITE #18	CITY-ST-ZIP MIAMI, FL 33126		STREET ADDRESS 7101 S.W. 80 COURT	CITY-ST-ZIP MIAMI- FL. 33143	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 04.21.06 Daytime Phone #		