

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR -9 PM 12:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01222007 Chg-P CR2E 034 (12/06)

4. FEI Number 20-0702249 Applied For Not Applicable

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

DOCUMENT # P03000055184

1. Entity Name
MONTSERA, INC.



Principal Place of Business
1700, 255 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

Mailing Address
1700, 255 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

2. Principal Place of Business - No P.O. Box #
420 S. Orange Ave

3. Mailing Address
420 S. Orange Ave

Suite, Apt. #, etc.
Suite 1200

Suite, Apt. #, etc.
Suite 1200

City & State
Orlando, FL

City & State
Orlando, FL

Zip Country
32801 U.S.A.

Zip Country
32801 U.S.A.

6. Name and Address of Current Registered Agent
ROSS, THOMAS T
1700, 255 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
Name
CorpDirect Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)
515 E. Park Ave
City
Tallahassee FL Zip Code
32301

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]* Kevin R. Roberts, President 4-9-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD AUFSEESSER, ERNST 20, CH. COLLADON, CH-1209 GENEVA SWITZERLAND, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KURZ, PETER 35, CH. DE LA SEYMAZ, CH-1253 SWITZERLAND, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEBER, JEAN-PIERRE BELCHENSTRASSE 19, CH-4054 BASEL SWITZERLAND, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROSS, THOMAS T 255 SOUTH ORANGE AVENUE ORLANDO, FL 32801 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 all other like empowered.

SIGNATURE: *[Signature]* P. Ruiz, Treas. 3/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APR - 9 2007