

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000059564.

1. Entity Name
MONTALEGRO ENTERPRISE INC.



**FILED
Aug 26, 2004 8:00 am
Secretary of State**

08-10-2004 90004 033 ***150.00

Principal Place of Business 777 BRICKELL AVENUE SUITE 1150 MIAMI, FL 33131		Mailing Address 777 BRICKELL AVENUE SUITE 1150 MIAMI, FL 33131	
2. Principal Place of Business 70 CASUARINA CONCOURSE		3. Mailing Address 70 CASUARINA CONCOURSE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
CITY & STATE CORAL GABLES, FL		CITY & STATE CORAL GABLES, FL	
Zip 33143	Country	Zip 33143	Country
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

08052004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0060442	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLE, VANESSA 777 BRICKELL AVENUE SUITE 1150 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	70 CASUARINA CONCOURSE CORAL GABLES, FL 33143
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 8/5/2004 305-498-0296

Date Daytime Phone #