CITY-ST-ZIP

## **2008 FOR PROFIT CORPORATION**

## Mar 31, 2008 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P03000085036 03-31-2008 90028 049 \*\*\*150.00 MONTANA 2003, INC. Principal Place of Business Mailing Address TWO ALHAMBRA PLAZA TWO ALHAMBRA PLAZA PENTHOUSE 1B PENTHOUSE 1B CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc: 02222008 Cha-P CR2E034 (12/06) City & State City & State 4 FEI Number Applied For 13-4260982 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORAI WALD BIONDO MORENO & BROCHIN, P.A. TWO ALHAMBRA PLAZA Street Address (P.O. Box Number is Not Acceptable) **PENTHOUSE 1B** CORAL GABLES, FL 33134 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST Delete ☐ Change ☐ Addition TITLE TITLE ALONSO, JUAN I NAME NAME STREET ADDRESS 2 ALHAMBRA PLAZA, PH 1B STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP VPAS. ☐ Delete ☐ Change ☐ Addition TITLE TITLE ARAGON, MARIA M NAME NAME STREET ADDRESS 2 ALHAMBRA PLAZA, PH 1B STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MURAI, RENE V NAME NAME STREET ADDRESS 2 ALHAMBRA PLAZA, PH 1B STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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12. I heroby 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.

CITY-ST-ZiP

Juan I. Alonso, President SIGNATURE AND TYPEDIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR