

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90245 050 ***150.00

DOCUMENT # P03000120000

1. Entity Name
MONTERO ESTRADA GROUP, INC.



Principal Place of Business

**9 EAST 20TH ST.
HIALEAH, FL 33010**

Mailing Address

**9 EAST 20TH ST.
HIALEAH, FL 33010**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1046921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESTRADA, LUIS JR.
9 EAST 20TH ST.
HIALEAH, FL 33010**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 fee if applicable)

(NOTE: Registered Agent signature required when registered)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME **PD**

STREET ADDRESS **ESTRADA, LUIS JR.**

CITY-STATE-ZIP **9 EAST 20TH ST.**

HIALEAH, FL 33010

TITLE ☐ Delete

NAME **SD**

STREET ADDRESS **MONTERO, PABLO**

CITY-STATE-ZIP **9 EAST 20TH ST.**

HIALEAH, FL 33010

TITLE ☐ Delete

NAME **VD**

STREET ADDRESS **MONTERO, ROGELIO**

CITY-STATE-ZIP **9 EAST 20TH ST.**

HIALEAH, FL 33010

TITLE ☐ Delete

NAME **D**

STREET ADDRESS **VENTIMILLA, ADRIANO DR.**

CITY-STATE-ZIP **9 EAST 20TH ST.**

HIALEAH, FL 33010

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

LUIS ESTRADA 4-26-04

Date

Signature Printed Name