## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000060949

Entity Name: THE ALMONTE GROUP, INC.

LA MORA, JENNIFER

19 WINDSONG ROAD

CUMBERLAND, RI 02864

Name:

Address:

City-St-Zip:

FILED May 01, 2008 Secretary of State

Littly Nai	ine. THE ALIV	IONTE GROOF, INC.		
Current Principal Place of Business:			New Principal Place	of Business:
	TH CONGRES LM BEACH, FI			
Current Mailing Address:			New Mailing Address:	
SUITE 200	TH CONGRES ) LM BEACH, FI			
	: 90-0219138	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
GLINN SOMERA AND SILVA, LLC 2255 GLADES ROAD ONE BOCA PLACE - SUITE 335W BOCA RATON, FL 33431 US				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATUR	RE:			
	Electron	nic Signature of Registered Age	ent	Date
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ALMONTE, WII 140 CROSSING CUMBERLAND	9 DR, APT 104	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ALMONTE, WII 2393 SOUTH C	) Delete LLIAM JR. CONGRESS AVE EACH, FL 33406	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TR ( ALMONTE, GE 140 CROSSING CUMBERLAND	9 DR, APT 104	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	S (	) Delete	Title:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM ALMONTE VP 05/01/2008