2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 06, 2006 08:00 AM **Secretary of State** DOCUMENT # P04000137871 MONTE TABOR, INC. Principal Place of Business Mailing Address 12422 SW 10 TERRACE 12422 SW 10 TERRACE MIAMI, FL 33184 MIAMI, FL 33184 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FBI Number 20-1755726 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent URIARTE, CARMEN M DO NOT WRITE 12422 SW 10 TERRACE MIAMI, FL 33184 IN THIS SPACE 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 eccept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registored Agent signature required when reinstating) DATE FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fluer-cing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DILE URIARTE, CARMEN M 12422 SW 10 TERRACE STREET ADDRESS. *UROOO0459393* City-S7-ZIP MIAMI, FL 33184 03/18/06-80031-011 150.60 NASS STREET ADDRESS City-ST-ZIP NAME STITLET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STITE ET ADORESS City-ST-ZIP 1131 E STREET ADDRESS. CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

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