


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90022 010 ***150.00

DOCUMENT # P04000140574 1. Entity Name MONTES DE OCA GROUP, INC.					
Principal Place of Business 12970 SW 107TH TERR. MIAMI, FL 33186			Mailing Address 12970 SW 107TH TERR. MIAMI, FL 33186		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1733697	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 92 SADBERRY RD. QUINCY, FL 32351				7. Name and Address of New Registered Agent Name MARTHA MONTES DE OCA Street Address (P.O. Box Number is Not Acceptable) 12970 SW 107 TERR City MIAMI FL Zip Code 33186	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD		TITLE		
NAME	MONTES DE OCA, MARTHA		NAME		
STREET ADDRESS	12970 SW 107TH TERR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	VTD		TITLE		
NAME	MONTES DE OCA, JOSE		NAME		
STREET ADDRESS	12970 SW 107TH TERR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby 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					
SIGNATURE: <i>Martha Montes de Oca</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7-2-06 <small>Daytime Phone #</small>		

50022491



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ATTACHMENT

50022491

#P84088140574

ATTACHMENT
Last year we ~~also asked~~ to change the registered agent and apparently it was not changed. Therefore, we did not receive the notice to file the annual report and we missed the deadline.

Could you please waive the \$400 penalty and change the registered agent to my name and address, so we do not miss the filing date in the future.

Respectfully,

Martha Montecito Oca
7/2/06