2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Jun 05, 2006 8:00 am Secretary of State

5/15/06

JAIRO L. MONTOYA

(754) 234 - 1606

Dayame Phone #

DOCUMENT # P04000161370 1. Entity Name MONTORO COMPANY					06-05-2006 90149 014 ***150.00				
Principal Place of Business 2425 NW 87 LANE SUNRISE, FL 33322 US		Mailing Address 2425 NW 87 LANE SUNRISE, FL 33322	US	-		83M 818M 86M 88M 96M		2073	7 W#W
2. Principal PI	ace of Business NW 30 ST	3. Mailing Address	30 9	ir					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			05152006	Chg-P	CR2E034	(11/05)	
City & State	URIGE FL	City & State SUNR154	h	•	4. FEI Numbe 20-1939			_ 	olied For Applicable
Zip Country		Zip Coun		5. Certificate of Status Desired See Required					
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered Ag	jent	
MONTOYA, JAIRO L 2425 NW 87 LANE					(P.O. Box Numbe	er is Not Acceptable	e)		
SUNRISE,	FL 33322	·		12210	NW 30 5	51			
1 × 1		\wedge		City Sun	12156		FL	Zip Code	323
the obligati	named entity submits this statement for one of registered agent. Signature, typed or brighted name of registered agent.	JA and utile if applicable. (NOTE 9. Election Campaig	no U: Registere	Mo N TOY de d Agent signature requirencing	A	In accordance v	5/15/0 DATE	93(2)(b), 1	F.S., the
	ue by September 6, 2006	Trust Fund Contr		AG		corporation did			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTOYA, JÁIRO L 2425 NW 87 LANE SUNRISE, FL 33322	Delete Delete		EET ADDRESS 127	210 NW 36			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		E				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ı	l l	<i>*</i>			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CIT	ME IEET ADDRESS Y-ST-ZIP				☐ Change	☐ Addition
12. I hereby indicated of the co-	certify that the information supplied wit on this report or supplemental report reporation or the receiver or trustee emp or on an attachment with an address.	h this filing does not qualify for is true and accurate and that re powered to execute this report with all other like empowered	or the exmy signal as requ	emptions contain ature shall have th iired by Chapter 6	ned in Chapter 11 ne same legal effe 607, Florida Statut	9, Florida Statutes. ct as if made under es; and that my nan	further certi oath; that I a ne appears in	ty that the in m an officer Block 10 o	nformation or director r Block 11 if