2008 FOR PROFIT CORPORATION

Apr 02, 2008 8:00 am Secretary of State ANNUAL REPORT 04-02-2008 90027 020 ***150.00 DOCUMENT # P05000045691 1. Entity Name LENY MONTANER, P.A. Principal Place of Business Mailing Address 4072 PINE RIDGE LN 4072 PINE RIDGE LN WESTON, FL 33331 WESTON, FL 33331 US 03292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0238897 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required _ 6. Name and Address of Current Registered Agent DO NOT WRITE MONTANER, LENY V 4072 PINE RIDGE LANE WESTON, FL 33331 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 accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME MONTANER, LENY V STREET ADDRESS 4072 PINE RIDGE LN CITY-ST-ZIP WESTON, FL 33331 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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

ment with an address, with all other like empowered

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attack

SIGNATURE: \(\(\)

FILED