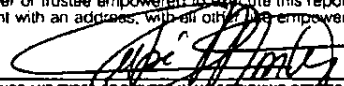


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

02-27-2006 90063 043 ***150.00

DOCUMENT # P05000072775 1. Entity Name MONTES INSTALLATION ENTERPRISES, INC.					
Principal Place of Business 8543 CUTLER CT MIAMI FL 33189			Mailing Address 8543 CUTLER CT MIAMI FL 33189		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-2879406	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MONTES, CELESTINO C 8543 CUTLER CT MIAMI FL 33189				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when consulting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P ☐ Delete NAME MONTES, CELESTINO C STREET ADDRESS 8543 CUTLER CT CITY- ST- ZIP MIAMI FL 33189				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE V ☐ Delete NAME MONTES, ARLYNES STREET ADDRESS 8543 CUTLER CT CITY- ST- ZIP MIAMI FL 33189				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE D ☐ Delete NAME SANTANA, ANGEL JR STREET ADDRESS 10740 SW 129TH CT CITY- ST- ZIP MIAMI FL 33186				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 persons empowered.					
SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 2/9/06 (786) 897 8449 Daytime Phone #	