

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000159422

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: MONTES INVESTMENTS GROUP, INC.

## Current Principal Place of Business:

P.O. BOX 450294  
MIAMI, FL 33245

## New Principal Place of Business:

1420 SW 20TH ST  
MIAMI, FL 33145

## Current Mailing Address:

P.O. BOX 450294  
MIAMI, FL 33245

## New Mailing Address:

FEI Number: 20-3894772      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONTES, JAVIER F  
2380 SW 80 CT  
MIAMI, FL 33155      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MONTES, JAVIER F  
Address: P.O. BOX 450294  
City-St-Zip: MIAMI, FL 33245

Title: V ( ) Delete  
Name: MONTES, ISABEL  
Address: P.O. BOX 450294  
City-St-Zip: MIAMI, FL 33245

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAVIER F. MONTES

PD

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date