FILED Jun 08, 2007 8:00 am Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPUB!					05-14-2007 90072 048 ***150.00				
DOCUMENT # P06000037627 1. Entity Name MONTANEZ INVESTMENTS, CORP.					UUULUUU				
Principal Place of Business Mailing Address				-]				
5670 N.W. 116 AVENUE		5670 N.W. 116 AVENUE							
STE 227		STE 227							
DORAL FL 33178	3	DORAL, FL 33178				rno arim bom dom dara	A MERT IND ARCH	A Brazil Josephon	ETTE RUTTE
2. Principal Place o	f Business - No P.O. Box #	3. Mailing Address 7105 SW 8 STICCT							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272007	Chg-P	CR2E034 (12/06)		
City & State		City & State TION PLON OF		7 00	4. FEI Number 20-4	514630	0		oplied For ot Applicable
Zip	Country	35144	Country	~	5. Certificate of		□ \$	8.75 Add	ditional
	Name and Address of Current F			<u> </u>	7 Name and A	ddress of New Ba		ee Require	<u> </u>
	Na	7. Name and Address of New Registered Agent Name							
SUAREZ, PATRICIA 5670 N.W. 116 AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
STE 227 DORAL, FL 33178*									
·			Cit	у			FL	Zip Cod	e
8. The above name	d entity submits this statement or	the purpose of changing its re	gistered of	fice or register	ed agent, or both,	in the State of Flor	rida. I am fa	miliar with,	and accept
the obligations of	registered agen	ب							
SIGNATURE	ya, typed or priviled name of regulated agent a	nd are a applicable (NOTE: R	Postered Agen	(signafure required	(when (ensisting)		DATE		
		10.00							
	Will FEE IS \$150.00 2007 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib			00 May Be ed to Fees				
10.	, OFFICERS AND (DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFFI	CERS AND D	PIRECTOR	SIN 11
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12. I hereby certify	that the information supplied with	this filing does not qualify for t			I in Chapter 119, F	lorida Statutes. ! !	urther certify	that the ir	nformation
indicated on the of the corporation changed for on	that the information supplied with infepor or supplemental reports on or the receiver or trustee employ a martiachment with an expression.	true and accurate and that my wered to execute this lepon as in Allixber like Philosered.	signature s required b	hall have the s y Chapter 607	same legal effect a , Florida Statutes:	is if made under or and that my name	ath; that I am appears in I	an officer 3lock 10 or	or director Block 11 if
SIGNATUR					/ /4	1.27.07	(305	1220	3443
SICHALUK	c: +4'4 IOU	7-1-X-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			<i>,</i>	, ,	,	,	1 1