## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 19, 2007 8:00 am Secretary of State

DOCUMENT # P0600070074  1. Entity Name MONTOYA CORREA, INC.									02-19-	2007 9	0053	026 **:	*150.00
Principal Place	e of Busines	s	Ma	Mailing Address					ţ.	/			
1110 A SUMMIT PLACE CIRCLE WEST PALM BEACH, FL 33415				1110 A SUMMIT PLACE CIRCLE WEST PALM BEACH, FL 33415				10020101					
Principal Place of Business - No P.O. Box # 3.				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01242007	Chg-P	(	CR2E0	34 (12/06	5)
City & State			(	City & State				4. FEI Numb	er 910330			$\longrightarrow$	Applied For Not Applicable
Zip	Country 🔩			Zip Count			5. Certificate of Status Desire					\$8.75 A	
	6. Name	l and Address of Curren	t Regist	tered Agent				7. Name and	Address of N	lew Regis	stered /	Agent	
MONTOVA			_	_		Name -							
MONTOYA 1110 A SU WEST PAL					Street Address (P.O. Box Number is Not Acceptable)								
***201171		1,12 00410											
		ν,				City					FL	Zip Ci	ode
		ty submits this statement f tered agent.	or the p	urpose of changing its	register	ed office or	register	ed agent, or bo	th, in the State	of Florida	ı. Łam 1	familiar wi	h, and accept
SIGNATURE_	Signature, typed	d or printed name of registered ager	it and title if	f applicable. (NOT	E Registere	d Agent signati	ure required	when reinstating)			DATE	···-	244-1
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees													
10.		OFFICERS AND	DIREC	CTORS	11.			ADDITIONS,	CHANGES TO	OFFICE	RS AND		
TITLE	PD Delete III MONTOYA, JORGE						PD		Torgo			X Chang	e 🗌 Addition
NAME STREET ADORESS CITY-ST-ZIP	1110 A SUMMIT PLACE CIRCLE WEST PALM BEACH, FL 33415					ET ADDRESS - ST-ZIP		toya, 3 Park				A 1 7	
ITILE		12.00 00 1, 1 2 00 1,		☐ Delete	TITLE		wes	t Palm	Beach	, r <sub>-</sub>	3.	Chang	e Addition
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NAME	1			□ Delete	NAM	<b>AE</b>							_
STREET ADORESS CITY-ST-ZIP					CITY	EET ADORESS (-St-ZIP							
12. I hereby certify that the information supplied with this filling 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 fluster 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 oddress, with all other like empowered.													a information per or director or Block 11 if
1/6 6/1													
SIGNAT	UKE:	SIGNATURE AND TYPE OF	PRINTER	NAME OF SIGNING OFFICER	OR DIREC	TOR			- / 10 /C	<u>, 1</u>	1	Daytime Phone	) #