


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90028 024 \*\*\*150.00

<b>DOCUMENT # P06000070074</b> 1. Entity Name <b>MONTOYA CORREA, INC.</b>					
Principal Place of Business <b>1110 A SUMMIT PLACE CIRCLE WEST PALM BEACH, FL 33415</b>			Mailing Address <b>1110 A SUMMIT PLACE CIRCLE WEST PALM BEACH, FL 33415</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-4910330</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MONTOYA, JORGE M 1110 A SUMMIT PLACE CIRCLE WEST PALM BEACH, FL 33415</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTOYA, JORGE 1053 PARK HILL DR WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTOYA, JORGE 1110 A SUMMIT PLACE CIRCLE WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTOYA, JORGE 1110 A SUMMIT PLACE CIRCLE WEST PALM BEACH, FL 33415	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTOYA, JORGE 1110 A SUMMIT PLACE CIRCLE WEST PALM BEACH, FL 33415	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTOYA, JORGE 1110 A SUMMIT PLACE CIRCLE WEST PALM BEACH, FL 33415	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTOYA, JORGE 1110 A SUMMIT PLACE CIRCLE WEST PALM BEACH, FL 33415	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTOYA, JORGE 1110 A SUMMIT PLACE CIRCLE WEST PALM BEACH, FL 33415	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-14-08 <small>Date Daytime Phone #</small>		