


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000077988  
 1. Entity Name  
**MONTES EQUIPMENT, INC.**



Principal Place of Business 3655 SW 4 STREET MIAMI, FL 33135	Mailing Address 3655 SW 4 STREET MIAMI, FL 33135
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**DO NOT WRITE IN THIS SPACE**



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4991717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MONTES, ALBERTO  
 3655 SW 4 STREET  
 MIAMI, FL 33135

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election: Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000912312  
 05/08/08-80010-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTES, ALBERTO 3655 SW 4 STREET MIAMI, FL 33135
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**DO NOT WRITE IN THIS SPACE**

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 my address, with all other like empowered

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # (786) 586 5072