

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093355

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: MONTALVAN FAMILY CORPORATION

## Current Principal Place of Business:

8370 NW 46TH DRIVE  
CORAL SPRINGS,, FL 33067

## New Principal Place of Business:

## Current Mailing Address:

8370 NW 46TH DRIVE  
CORAL SPRINGS,, FL 33067

## New Mailing Address:

FEI Number: 20-5222249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PATINO, ALVARO  
9011 NW 38 DR  
1  
CORAL SPRINGS, FL 33065 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: P ( ) Delete  
Name: MONTALVAN, ANDRES A  
Address: 8370 NW 46 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP ( ) Delete  
Name: MONTALVAN, VILMA C  
Address: 8370 NW 46 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S ( ) Delete  
Name: MONTALVAN, ANDRES JR  
Address: 8370 NW 46 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: T ( ) Delete  
Name: MONTALVAN, LIDIA  
Address: 8370 NW 46 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: OFF ( ) Delete  
Name: MONTALVAN, XAVIER  
Address: 8370 NW 46 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: OFF ( ) Delete  
Name: MEDINA, ANGELA  
Address: 8370 NW 46 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: ANDRES MONTALVAN

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date