

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000097947

Entity Name: MONTESCO, INC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

999 BRICKELL AVE
555
MIAMI, FL 33131 US

Current Mailing Address:

999 BRICKELL AVE
555
MIAMI, FL 33131 US

New Principal Place of Business:

C/O 999 PONCE DE LEON BLVD.
1045
CORAL GABLES, FL 33134 US

New Mailing Address:

C/O 999 PONCE DE LEON BLVD.
1045
CORAL GABLES, FL 33134 US

FEI Number: 20-5864071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEGA, ROBERT
14461 SW 83 ST
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

OCARIZ, HIRAM CPA
C/O 999 PONCE DE LEON BLVD.
1045
CORAL GABLES, FL 33134 US

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: HIRAM OCARIZ, CPA

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESCOBEDO, EDUARDO
Address: 999 BRICKELL AVE SUITE # 555
City-St-Zip: MIAMI, FL 33131 US

Title: VP () Delete
Name: MONTANO, VERONICA
Address: 999 BRICKELL AVE SUITE # 555
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ESCOBEDO, EDUARDO
Address: C/O 999 PONCE DE LEON BLVD., #1045
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP (X) Change () Addition
Name: MONTANO, VERONICA
Address: C/O 999 PONCE DE LEON BLVD., #1045
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify 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: EDUARDO ESCOBEDO

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date