2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000097947

Entity Name: MONTESCO, INC

Apr 29, 2011 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

C/O 999 PONCE DE LEON BLVD.

1045

CORAL GABLES, FL 33134

New Mailing Address: Current 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: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

ESCOBEDO, EDUARDO Name:

C/O 999 PONCE DE LEON BLVD., #1045 Address:

City-St-Zip: CORAL GABLES, FL 33134 US

Title: VΡ

Name: MONTANO, VERONICA

C/O 999 PONCE DE LEON BLVD., #1045 Address: City-St-Zip:

CORAL GABLES, FL 33134 US

Title: VΡ

ESCOBEDO-MONTANO, JORGE E Name: C/O 999 PONCE DE LEON BLVD. #1045 Address:

City-St-Zip: CORAL GABLES, FL 33134 US

Title: VΡ

ESCOBEDO-MONTANO, MARIA F Name: Address: C/O 999 PONCE DE LEON BLVD. #1045

City-St-Zip: CORAL GABLES, FL 33134 US

Title:

Name: ESCOBEDO-MONTANO, MARIA A Address: C/O 999 PONCE DE LEON BLVD. #1045

City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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 all other like empowered.

Ρ SIGNATURE: EDUARDO ESCOBEDO 04/29/2011