

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000149133

Entity Name: CLAUDIA M MONTES PA

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5561 SOMERSBY ROAD  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

**Current Mailing Address:**

5561 SOMERSBY ROAD  
WINDERMERE, FL 34786 US

**New Mailing Address:**

5748 SOMERSBY ROAD  
WINDERMERE, FL 34786 US

FEI Number: 20-5961789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONTES, CLAUDIA M  
5561 SOMERSBY ROAD  
WINDERMERE, FL 34786 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MONTES, CLAUDIA M  
Address: 5561 SOMERSBY ROAD  
City-St-Zip: WINDERMERE, FL 34786 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.

SIGNATURE: CLAUDIA M MONTES

D

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date