

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000077314

Entity Name: MONTOVI INSURANCE, INC.

FILED  
Apr 05, 2009  
Secretary of State

## Current Principal Place of Business:

8300 SW 8 STREET  
306  
MIAMI, FL 33144

## New Principal Place of Business:

9266 SW 40TH STREET  
MIAMI, FL 33165

## Current Mailing Address:

5721 MAYNADA ST.  
CORAL GABLES, FL 33146

## New Mailing Address:

FEI Number: 35-2302276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENENDEZ, OVIEDO T  
5721 MAYNADA STREET  
CORAL GABLES, FL 33146 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: MENENDEZ, OVIEDO T  
Address: 8300 SW 8 STREET, SUITE 306  
City-St-Zip: MIAMI, FL 33144

Title: VP ( ) Delete  
Name: MENENDEZ, OVIEDO T  
Address: 8300 SW 8 STREET, SUITE 306  
City-St-Zip: MIAMI, FL 33144

Title: S ( ) Delete  
Name: MENENDEZ, OVIEDO T  
Address: 8300 SW 8 STREET, SUITE 306  
City-St-Zip: MIAMI, FL 33144

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MENENDEZ, OVIEDO T  
Address: 5721 MAYNADA STREET  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP (X) Change ( ) Addition  
Name: MENENDEZ, OVIEDO T  
Address: 5721 MAYNADA STREET  
City-St-Zip: CORAL GABLES, FL 33146

Title: S (X) Change ( ) Addition  
Name: MENENDEZ, OVIEDO T  
Address: 5721 MAYNADA STREET  
City-St-Zip: CORAL GABLES, FL 33146

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: OVIEDO T. MENENDEZ

P

04/05/2009

Electronic Signature of Signing Officer or Director

Date