2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000077314

Title: Name:

Title:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

VΡ

MENENDEZ, OVIEDO T

SOTOLONGO, HEYDE

MIAMI, FL 33165

9301 SW 56TH STREET E

on an attachment with all other like empowered.

5721 MAYNADA STREET

CORAL GABLES, FL 33146

Entity Name: MONTOVI INSURANCE, INC.

FILED Mar 22, 2012 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
	6TH STREET				
E MIAMI, FL	33165 US				
Current Mailing Address:			New Mailing Address:		
	6TH STREET				
E MIAMI, FL	33165 US				
FEI Number:	35-2302276	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
5721 MAYI	EZ, OVIEDO T NADA STREE ABLES, FL 33				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIREC	TORS:			
Title: Name: Address: City-St-Zip:	P MENENDEZ, O 5721 MAYNAD CORAL GABLE	A STREET			
Title: Name: Address:	VP MENENDEZ, O 5721 MAYNADA	A STREET			

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

SIGNATURE: HEYDE SOTOLONGO VP 03/22/2012