


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

4. May 19, 2008 8:00 am  
Secretary of State

04-17-2008 90040 034 \*\*\*150.00

DOCUMENT # P07000092475			
1. Entity Name JAVIER H. MONTOYA INC.			
Principal Place of Business 9834 COLONIAL WALK N ESTERO, FL 33928		Mailing Address 9834 COLONIAL WALK N ESTERO, FL 33928	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P O Box 182	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Estero FL	
Zip	Country	Zip	Country
33928		Lee	
6. Name and Address of Current Registered Agent MONTOYA, JAVIER H 9834 COLONIAL WALK N ESTERO, FL 33928		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTOYA, JAVIER H 9834 COLONIAL WALK N ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P O Box 182 Estero, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: JAVIER H MONTOYA		4-11-08 239-410 4481	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66010998



04112008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0748125 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required