

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000080836

FILED  
Feb 20, 2009  
Secretary of State

Entity Name: JULIETTE SEFAIR-MONTOYA, S.S.P., P.A.

**Current Principal Place of Business:**

104 CRANDON BLVD STE 425  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 491154  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

104 CRANDON BLVD STE 425  
KEY BISCAYNE, FL 33149

FEI Number: 26-3272876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SALA & GOMEZ, P.A.  
260 CRANDON BLVD.  
SUITE 14  
KEY BISCAYNE, FL 33149 US

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

MONTOYA, JULIETTE S  
565 HARBOR DR  
KEY BISCAYNE, FL 33149 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: JULIETTE SEFAIR-MONTOYA

02/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SEFAIR-MONTOYA, JULIETTE  
Address: 565 HARBOR DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JULIETTE SEFAIR-MONTOYA

P

02/20/2009

Electronic Signature of Signing Officer or Director

Date