


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000065794**

1. Entity Name  
**LUIS MONTOYA SCULPTURE STUDIO, INCORPORATED**



Principal Place of Business  
**4110 GEORGIA AVE.  
 WEST PALM BEACH FL 33405**

Mailing Address  
**4110 GEORGIA AVE.  
 WEST PALM BEACH FL 33405**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

**METT, SYLVIA J  
 2501-B PRESIDENTIAL WAY  
 WEST PALM BEACH FL 33401**

4. FEI Number **65-0515203**

Applied For  
 Not Applicable

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

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 \_\_\_\_\_

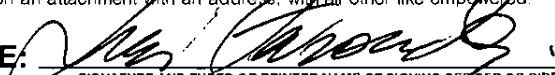
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LUIS FERNANDEZ</b> <b>11579 41ST CT NO.</b> <b>ROYAL PALM BEACH FL 33411</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ORTIZ, LESILE</b> <b>1305 NORTH L ST</b> <b>LAKE WORTH FL 33460</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000644146</b> <b>03/02/07-80031-003 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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  **2/16/07** **561 655 4644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #