## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 08:00 AM Secretary of State

DOCUMENT # P94000087092  1. Entity Narrie MONTANA TRADING, INC.							Secre	tary o	i Sta	te	
Principal Place of Business M			Mailing Address								
10709 SW 113TH PLACE MIAMI, FL 33176 US			10709 SW 113TH PLACE Miami, FL 33176 US								
Principal Place of Business											
2. Principal Place of Business		a, waning rockess				1 18811891 111		[]			
Suite, Apt. #. etc		Suite, Apt #, etc.				01122004	Chg-P	CR2E034	(10/03)		
City & State	9	City & State				4. FEI Numbe 65-054			france frances	olied For Applicable	
Zip	Country	Zip Cour		Coun	ıry	5. Certificate	of Status Desired		<b>8.75</b> Addi		
6. Name and Address of Current Registered Agent						7. Name and	Address of New F	legistered Ag	ent		
   JARAMILLO, ENRIQUE					Name						
10709 SW 113TH PLACE MIAMI, FL 33176					Street Address (P.O. Box Number is Not Acceptable)						
,, . <u>-</u>											
8. The above named entity submits this statement for the purpose of changing its regist					City		FL Zip Code				
SIGNATURE Signature, typed or orinted name of registered agent and tills it applicable. (NOTE Registered Agent signature requirements)  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution  Ad						\$5.00 May Be Added to Fees		DATE		<u>.</u>	
10.	OFFICERS AN	L	C ,	11.		ADDITIONS	CHANGES TO OF	ICERS AND E	DIRECTOR	1 IN 11	
161.5	PSTD	D DI LEGION	Detete .	fπti		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		[	Change	Addition	
NAME				NAM	"		U00000 -05/05/04	)155052	nor iii	ን ሲያ	
STREET ADDRESS CITY-ST-ZIP	10700 014 710 1111 2102				ET ADORESS -S1-2:P		U5/U5/U4 <sup>-</sup>	-20024-0	וטו זטו	טוונ	
TITLE	Dolete 10				E			[	Change	☐ Addition	
MANAGE	NA										
STREET ADDRESS CITY+ST-ZIP	··				TET ADDRESS						
TIFLE			☐ Delsts	IΠL	E				Change	Addition	
NAME				NAV	1						
STREET ADDRESS CITY-ST-ZIP					et address -st-zip						
TIELE			Delete	ווון				1	☐ Change	☐ Addition	
NAME	Į .			Nav	1						
STREET ADDRESS.					ET ADDRESS -ST-2:P						
TITLE			☐ Detete	TΠU	E				Change	☐ Addition	
NAME:				NAM ethi	(E EET AODRESS						
STREET ADDRESS CITY - ST - ZIP					- ST-ZIP						
TITLE				iπ	E				Change	☐ Addation	
NAME				NAM K (B)	eet adoress						
STREET ADDRESS OFFY-ST-ZIP				3	r-ST-ZIP						
·	gertify that the information supplied w	ith this filing c	loes not qualify for t	he eve	motion stated	in Section 119.07(3)	(i). Florida Statutes	I further certif	v that the in	ntormation	

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 19.07(3)(i), 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 orabit, that I am an officer or director of the corporation or the receiver or truther 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:

ENTEROL SARAMINO

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2051SONT 4/27/01

305-279 692

Cuytime Phone #