## 2003 FOR PROFIT CORPORATION

## FILED Apr 16, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P94000087092 DOCUMENT # 04-16-2003 90276 005 \*\*\*150.00 1. Entity Name MONTANA TRADING, INC. Principal Place of Business Mailing Address 15077 SW, 103RD TERRACE #8112 15077 SWL 103RD TERRACE #8112 MIAMI FL 33146 MIAMI FL 334,96 US US 2. Principal Place of Business 10709 SW 1/3 Th Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For FLORIDA. 65-0540240 Not Applicable .Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 107095W113P/Ace JARAMILLO, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 10421-MAHOGANEY KEY CIRCLE #207 Kilami-Fl-33176 MIAMI-FL 33196 --City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Make Check Payable to Porida Department of State \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 10709 SW 113 The Place Thange CR2E034 (10/02) TITLE . Delete TITLE JARAMILLO, ENRIQUE NAME NAME KWarn: -FL - 33176 STREET ADDRESS 15077 SW 103 TERR #8112 STREET ADDRESS CITY-ST-ZIP MIAMLEL 33196 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 oath; that I am an officer or director of the corporation or the receiver or trustee expressions 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 SIGNATURE: