

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000083562

1. Entity Name  
MONTAGNA, INC.



Principal Place of Business  
3428 E. ATLANTIC BLVD  
POMPANO BEACH, FL 33062-5701

Mailing Address  
3428 E. ATLANTIC BLVD  
POMPANO BEACH, FL 33062-5701



**DO NOT WRITE IN THIS SPACE**

03022005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0622630

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DIMARIA, FRANK  
3428 E. ATLANTIC BLVD  
POMPANO BEACH, FL 33062-5701

**DO NOT WRITE  
IN THIS SPACE**

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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U000000315286  
04/19/05-80025-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PV  
NAME DIMARIA, FRANK  
STREET ADDRESS 3428 E. ATLANTIC BLVD  
CITY-ST-ZIP POMPANO BCH, FL 330625701

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CITY-ST-ZIP

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12. 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 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: Frank Dimaria  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/21/05

Daytime Phone # \_\_\_\_\_