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**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****Mar 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000089309					
1. Entity Name ULTRAMONT PROPERTIES (USA), INC.					
Principal Place of Business 115 S.E. 2ND STREET SECOND FLOOR MIAMI, FL 33131			Mailing Address 115 S.E. 2ND STREET SECOND FLOOR MIAMI, FL 33111-0239		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. # etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 13-2771416				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMOS, ANGELO P ESQ 1101 BRICKELL AVENUE #1700 MIAMI, FL 33131-3153			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. The above named entity has filed 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 must be printed name of registered agent and has it applicable. (NOTE: Registered Agent signature required when necessary.) 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS CITY-STATE-ZIP
	DPAS CONSTANTINO, TEODORO	115 S.E. 2ND STREET SECOND FLOOR MIAMI, FL 33131			
	DVAS CONSTANTINO, ALICIA	115 S.E. 2ND STREET SECOND FLOOR MIAMI, FL 33131			
	V9 CARLOS, GOVANTES	115 S.E. 2ND STREET SECOND FLOOR MIAMI, FL			
	V TZORTZAKIS, MARIA	115 S.E. 2ND STREET SECOND FLOOR MIAMI, FL 33131			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(b), 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 it otherwise empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR					
DATE _____ Day/Month/Year					



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