


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90011 021 ***550.00

DOCUMENT # P96000050677													
1. Entity Name MONTES ARIZONA CORP.													
<table style="width:100%;"> <tr> <td style="width:50%; padding: 5px;"> Principal Place of Business 7448 REXFORD RD. BOCA RATON, FL 33434 </td> <td style="width:50%; padding: 5px;"> Mailing Address 940 THIRD AVE 40 FLOR NEW YORK, NY 10022 </td> </tr> </table>						Principal Place of Business 7448 REXFORD RD. BOCA RATON, FL 33434	Mailing Address 940 THIRD AVE 40 FLOR NEW YORK, NY 10022						
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2. Principal Place of Business		3. Mailing Address 940 THIRD AVE		06302004 Chg-P CR2E034 (10/03)									
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3rd floor		4. FEI Number 65-0674411									
City & State		City & State New York New York		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> </td> <td style="width:20%; padding: 2px;"> \$8.75 Additional Fee Required </td> </tr> </table>		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required						
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Zip	Country	Zip 10022	Country USA	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> 6. Name and Address of Current Registered Agent </td> <td colspan="2" style="padding: 2px;"> 7. Name and Address of New Registered Agent </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> RAPPAPORT, NORMAN P 7448 REXFORD RD BOCA RATON, FL 33434 </td> <td colspan="2" style="padding: 5px;"> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </td> </tr> </table>		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		RAPPAPORT, NORMAN P 7448 REXFORD RD BOCA RATON, FL 33434		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent											
RAPPAPORT, NORMAN P 7448 REXFORD RD BOCA RATON, FL 33434		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering) DATE</small>													
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	DP RAPPAPORT, NORMAN P 7448 REXFORD RD BOCA RATON, FL 33434	<input type="checkbox"/> Delete											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>													
<div style="text-align: right;"> 7/15/04 Date Daytime Phone # </div>													