2004 FOR PROFIT CORPORATION ANNUAL REPORT

GNATURE AND TYPED OR PRINTED NAME

Apr 20, 2004 8:00 am Secretary of State **DOCUMENT # P96000055674** 04-20-2004 90021 004 ***150.00 1. Entity Name RICARDO MONTERO INC. 24049097 Principal Place of Business Mailing Address 7055 SW 161 PL 7055 SW 161ST PL MIAMI, FL 33193 MIAMI, FL 33193 3. Mailing Address 2. Principal Place of Business 100 Terr 1561 NW 1<u>561</u> NW 100 Terr Suite, Apt. #, etc. Suite, Apt. #, etc. 04062004 Chg-P CR2E034 (10/03) City & State Plantation City & State Plantation 4. FEI Number Applied For FI 65-0700373 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 33322 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MONTERO, RICARDO Street Address (P.O. Box Number is Not Acceptable) 7055 SW 161ST PLACE MIAMI, FL 33193 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD RICArdo Montero TITLE ☐ Delete TITLE Addition MONTERO, RICARDO NAME NAME 1561 NW 100 (Err. 17024 SW 109 CT STREET ADDRESS STREET ADDRESS Plantation Fl 33322 CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition 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 TITLE ☐ Delete TITLE Change ☐ Addition 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 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 of 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 his report as required by Chapter 607, Florida Statutes; and that my fame appears in Block 10 or Block 11 if SIGNATURE:

FILED