

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90028 041 ***158.75

DOCUMENT # P98000016683

1. Entity Name
MONT BLANC ASSOCIATES, INC.



Principal Place of Business
**4000 HOLLYWOOD BOULEVARD
SUITE 370 N
HOLLYWOOD, FL 33021**

Mailing Address
**4000 HOLLYWOOD BOULEVARD
SUITE 370 N
HOLLYWOOD, FL 33021**

2. Principal Place of Business - No P.O. Box #
351 SW 136 Ave.

3. Mailing Address
351 SW 136 Ave

Suite, Apt. #, etc.
Ste 201

Suite, Apt. #, etc.
Ste 201

City & State
Davie FL

City & State
Davie FL

Zip
33325

Country
USA

Zip
33325

Country
USA

04142008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0815014

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STRAKER-VIRTUE, SUSAN J P
4000 HOLLYWOOD BLVD
SUITE 370 N
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

351 SW 136 Ave

Ste 201

City

Davie

FL

Zip Code

33325

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 **Susan Straker-Virtue, Pres**

4/14/08

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRES
STRAKER-VIRTUE, SUSAN J P
2118 N.E. 15TH STREET
FORT LAUDERDALE, FL 33304** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**351 SW 136 Ave, Ste 201
Davie FL 33325** ☒ Change ☐ Addition
Address only

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Susan Straker-Virtue** **4/14/08** **9548893383**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #