2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2006 8:00 am Secretary of State

DOCUMENT # P99000038775 1. Entity Name MONTERO & ASSOCIATES, P.A.					1	01-20-2006 9	-		00
Principal Plac	ce of Business	Mailing Address			1				
351 NW LE JEUNE RD		•	351 NW LE JEUNE RD						
202		202							
MIAMI, FL 33126		MIAMI, FL 33126			1 (8 8 8 8 1 1 1 1 1 1		() 60103 () 101 10 11	1 (2011 13321 61	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.		-				
					01132006	Chg-P	CR2E03	4 (11/05)	·
City & State		City & State			4. FEI Number 65-0916				oplied For at Applicable
Zip	Country	Zip	Cour	ntry		f Status Desired		8.75 Add	itional
	C Nove and Address of Co.			1	_1			ee Require	d
	6. Name and Address of Curre	ent Registered Agent		Name) /	/. Name and A	ddress of New R	egistered A	gent	
MONTERO, ANDRES G				Hontero Andres 6.					
501 NE 19			Street Address	(P.O. Bóx Number	is Not Acceptable	01 4	202		
MIAM!, FL	. 33132				<u> </u>	<u> </u>		wo	
	κ.			City D_		73800	FL	Zip Cod	e, 3./
8. The above	e named entity submit this statemen	nt for the purpose of changing i	ts register	ed office/or registe	ered agent, or both,	in the State of Flo		<u>ーラ 3</u> miliar with,	and accept
the obligat	tions of registered agent.	000	_	, -	-				
SIGNATURE.	perhe-//	Yateo							
0.0.0.0.0.0	Signature typed or printed name of registered a	gent and title if applicable. (NO	TE: Registere	ed Agent signature require	ad when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$55	9. Election Camp Trust Fund Co		ncing \$5	5.00 May Be ded to Fees				
After M	ay 1, 2006 Fee will be \$55	Trust Fund Co	ntribution.		ded to Fees	HANGES TO OFF			
After M	ay 1, 2006 Fee will be \$55 OFFICERS A	50.00 Trust Fund Co	ntribution.		ded to Fees	HANGES TO OFF		DIRECTORS	S IN 11
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12. Hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. Flurther 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 eport 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: __

SIGNATURE AND TYPED OR DISINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05 305-631-8185 Date Daytine Proce #