2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S11252 1. Entity Name MONTEIRO CONSTRUCTION, INC.



FILED Mar 05, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

4438 DAFFODIL CIR S WEST PALM BEACH, FL 33410 US

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03022008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

65-0232008

5. Certificate of Status Desired

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTEIRO, STEVEN C 4438 DAFFODIL CIR S PALM BCH GDNS, FL 33410

DO NOT WRITE IN THIS SPACE

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 I 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 DIREC	TORS			<u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MONTEIRO, STEVEN C. 4438 DOFFODIL CIR S PALM BCH GDNS, FL 33410								
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000848071 03/20/08-80003-009 150.00				
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NAME STREET ADDRESS CITY-ST-ZIP		,							

12. Thereby 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: SIGNATURE MONTEN STEVEN C MONTEN 3/2+08 561-627-0473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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