2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver changed, or on an attachment with

SIGNATURE:

Feb 27, 2004 08:00 AM DOCUMENT # V29740 **Secretary of State** 1. Entity Name MONTURA LAND AND CATTLE, INC. Principal Place of Business Mailing Address 1324 S MAIN STREET BELLE GLADE FL 33430 1324 S. MAIN ST. BELLE GLADE FL 33430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0344521 Not Applicable Ziβ Country Country Ζıρ \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALSTON, CALVIN D. Street Address (P.O. Box Number is Not Acceptable) 1324 S. MAIN ST. BELLE GLADE FL 33430 Zip Code 8. The above names 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 and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE Change ☐ Addition U00000068074 HILL H.F. MARKE NAME 02/27/04-80026-023 150.00 1324 S. MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BELLE GLADE FL CITY-ST-ZIP VPD TITLE ☐ Defete TITLE ☐ Change Addition ALVAREZ, LOUIS NAME NAME STREET ADDRESS 335 NORTH DEVILS GARDEN RD. STREET ADDRESS CLEWISTON FL CITY-ST-ZIP CITY-ST-789 ☐ Delete 7373.5 TELE Addition ☐ Change NAME ALSTON, CALVIN D NAME STREET ADDRESS STREET ADDRESS 1324 S. MAIN STREET CITY-ST-ZIP BELLE GLADE FL CITY-ST-ZIP TITLE Delete THLE ☐ Change Addition NAME 3MAM STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 3 (337 Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-SY-78P 12. I hereby certify that the information supplied with this filling 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 infit 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 of florides empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

alvin D.

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