2002 UNIFORM BUSINESS REPORT (UBR) Feb 25, 2002 8:00 am DOCUMENT # P01000058426 Secretary of State 1. Entity Name PROMONKEYS.COM, INC. 02-25-2002 90036 020 ***150.00 Mailing Address Principal Place of Business 3841-ENVIRON-BLVD. #236 _3841_FNVIRON_BLVD:-#236-LAUDERHILL-FL 33319-LAUDERHILL, FL. 33319-2. Principal Place of Business 3. Mailing Address 2029 coral Ridge Dr. 2029 Coral Rids Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE #207 **≠** 207 City & State City & State 4. FEI Number Applied For Coral Springs <u>65-11</u>06436 Corol S Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 33071 USA 33 o 71 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Antonio J. APARICIO, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 3841 ENVIRON BLVD. #236 2029 Coral Ridge Dr LAUDERHILL FL 33319 Zip Code 3307 Coral springs 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, obboth, in the State of Florida YERE7 SIGNATURE Tajlakowiii (aaaks (aaoto) Aita/May ij 2002 (aawiii ba (saoto) Mara Cheeki Payabis (o Dapanian vo) si .a. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Addition TITLE Delete NAME MAME APARICIO, EDUARDO 3841 ENVIRON BLVD. #236 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 📈 Addition VP. Ana Maria Perez ☐ Change TITLE ☐ Delete TITLE NAME 2029 coral Ridge Dr #207 NAME PEREZ, ANTONIO J STREET ADDRESS STREET ADDRESS 2029 CORAL RIDGE DRIVE #207 coral Springs CiTY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 Addition Change -TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

President

Daytime Phone #

TR9F034 (9/01)