FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000023915

1. Entity Name



FILED Mar 12, 2004 8:00 am Secretary of State 03-12-2004 90020 006 ***150.00

Chunky Monkey Corporation									
· I	DO NOT WRITE	IN THIS S	SPAC	E,		24	01971	5	
2. Principal Place of Business 8810 West Flagler Street 3. Malling Address 8810 West Fl									
Suite, Apt. #, etc. Suite, Apt. #			etc.			DO NOT WRITE IN THIS SPACE			
Apart # 4 City & State Miami,FI	6	City & State Miami.Fl			4. FEI Number 03-0439104 Applied For Not Applicable				
Zip	Country. Miami-Dade	33174		ııv. — - ni-Dade	5. Ce	ntificate of Status Desired		.75 Additional Required	
 				N1		e and Address of Current F	Registered Ag	gent	
DO NOT WRITE					eno,Juan Carlos				
				Street Address		(P.O. Box Number is Not Acceptable)			
IN THIS SPACE					Flagler Street Apart: # 4				
,	· .	_		^{City} Miami,			FL	Zio Code 33174	
	named entity submits this statement for tions of registered agent.	the peopese of changing	g its registere	ed office or regist	ered ager	nt, or both, in the State of Flo	rida. I am fam	liar with, and accept	
SIGNATURE .	18			ian Carlos / I			March	08,2004	
	Signature, typed or printed same of logiciared agent an nuarry 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 (Payable to Florida Department of \$		NOTE, ragister	. अपुराह अपुरावस्था स्वयंता	ISC: WHIST I GOVE	Election Campaign Fina Trust Fund Contribution	uncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D							-	
TITLE NAME STREET ADDRESS CITY-ST-ŹIP	Moreno,Juan Carlos / Preside 8810 West Flagler Street Ap Miami,Fl 33174				٠.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 - 100	- ·	STRE	E EET ADDRESS		and you are the second	96	g grandensperies a (Addison	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITU Nam Stri	E		DO NOT	WRIT	, program	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1		IN THIS S	SPAC	E	
TITLE NAME STBEET ADDRESS CITY-ST-ZIP						-		.,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1					
indicatéd of the co	certify that the information supplied with don this report or supplemental report is reportation or the receiver or trustee emperaturity an address with all other like.	true and accurate and the control of	hat my signa	ture shall have th	ie same le	raal effect as if made under d	ath: that I am	an officer or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Moreno, Juan Carlos / Preside March 08,2004 (305)227-0217