2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000023915

1. Entity Name
CHUNKY MONKEY CORPORATION

Principal Place of Business	Mailing Address
8810 WEST FLAGLER ST. APT. 4 MIAMI, FL 33174	8810 WEST FLAGLER ST. APT. 4 MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE

04112005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
03-0439104	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

MORENO, JUAN CARLOS
8810 WEST FLAGLER ST.
APT. 4
MIAMI, FL 33174

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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 X _____   x 4/15/05
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORENO, JUAN CARLOS
STREET ADDRESS	5201 NW 7 STREET #610 WEST
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/05-80061-017 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____   x 4/15/05   305 227 0217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #