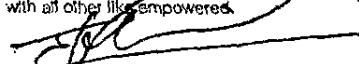


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000023915					
1. Entity Name CHUNKY MONKEY CORPORATION					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 16431 SW 58 Terr			3. Mailing Address 16431 SW 58 Terr		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami, FL		City & State Miami, FL		4. FEI Number 03-0439104	
Zip 33193		Country Miami-Dade		Applied For ☐ Not Applicable	
Zip 33193		Country Miami-Dade		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name MORENO, JUAN CARLOS	
				Street Address (P.O. Box Number is Not Acceptable)	
				16431 SW 58 Terr	
				City Miami, FL Zip Code 33193	
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:  4/27/06					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	TITLE	NAME	DO NOT WRITE IN THIS SPACE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	TITLE	NAME		
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	TITLE	NAME		
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	DO NOT WRITE IN THIS SPACE	
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TITLE	NAME	TITLE	NAME		
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.					
SIGNATURE:  4/27/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

305 385 4470