

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 15, 2008 8:00 am
Secretary of State

08-15-2008 90001 003 ***150.00

DOCUMENT # P02000023915

1. Entity Name
CHUNKY MONKEY CORPORATION



Principal Place of Business

**16431 SW 58 TER
MIAMI, FL 33193**

Mailing Address

**16431 SW 58 TER
MIAMI, FL 33193**

40115550



DO NOT WRITE IN THIS SPACE

08132008 No Chg-P CR2E034 (11/05)

4. FEI Number

03-0439104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORENO, JUAN CARLOS
16431 SW 58 TER
MIAMI, FL 33193**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MORENO, JUAN C
16431 SW 58 TER
MIAMI, FL 33193**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MARMOL, AIDA R
16431 SW 58 TER
MIAMI, FL 33193**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN CARLOS MORENO

PST.

8/13/08

Date

305-385-4470

Daytime Phone #