


FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90015 039 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000042692

THE THREE MONKEYS, CORP.



1. Principal Place of Business 1865 BRICKELL AVE., A-1113 MIAMI, FL 33129		Mailing Address 1865 BRICKELL AVE., A-1113 MIAMI, FL 33129	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

50064712



07082005 Chg-P CP2E034 (10/03)

4. FEI Number 56-2345839	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLASINI, LUIS
1865 BRICKELL AVE., A-1113
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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 _____ DATE _____

FILE NOW! FEE IS \$50.00 (Campaign Financing) **\$5.00 May Be** (in accordance with s. 607.163(2)(b), F.S., the corporation did not receive the prior notice.)

10. DIRECTORS		11. OFFICERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLASINI, LUIS 1865 BRICKELL AVE., A-1113 MIAMI, FL 33129	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SO BLASINI, FIORELA 1865 BRICKELL AVE., A-1113 MIAMI, FL 33129	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.075(5)(1), Florida Statutes. I further verify 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 registrar or stock transfer agent; that I am a resident of the State of Florida; and that my name appears in Block 10 or Block 11 if changed, or on an attached sheet with an address, and of the corporation.

SIGNATURE: Luella Blasini 8/30/05 SDO