

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042692

Entity Name: THE THREE MONKEYS, CORP.

FILED  
Jul 22, 2006  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 56-2345639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BLASINI, LUIS  
Address: 1865 BRICKELL AVE., A-702  
City-St-Zip: MIAMI, FL 33129

Title: SD ( ) Delete  
Name: BLASINI, FIORELA  
Address: 1865 BRICKELL AVE., A-1113  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FIORELLA BLASINI

SD

07/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date