


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/30/2004-90012-022-\$150.00-\$150.00

DOCUMENT # P03000055982																													
1. Entity Name BAD MUNKIE PRESS, INC.																													
Principal Place of Business 7400 SOUTHWEST 82ND STREET, SUITE K407 MIAMI FL 33143			Mailing Address 7400 SOUTHWEST 82ND STREET, SUITE K407 MIAMI FL 33143																										
2. Principal Place of Business 7400 SW 82 St K 407 Suite, Apt. #, etc.			3. Mailing Address 7400 SW 82 St K 407 Suite, Apt. #, etc.																										
City & State Miami FL		City & State Miami FL		4. FEI Number 20-0024194																									
Zip 33143		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SPIEGELL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI FL 33145				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													
Date _____ Daytime Phone # _____																													

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 OCT -6 PM 1:19



MOORE CR2E034 (11/03)

Applied For
Not Applicable

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

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.

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FILE NOW!!! FEE IS \$150.00
After May 1, 2004: Fee will be \$550.00
Make Check Payable to Florida Department of State

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