


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.



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

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.: **K 407**

3. Mailing Address: **7400 SW 82 ST K 407**
 Suite, Apt. #, etc.: **K 407**



MOORE CR2E034 (11/03)

City & State: **Miami FL**

Country: **USA**

Zip: **33143**

4. FEI Number: **20-0024194**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & 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: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE: PD	<input type="checkbox"/> Delete
NAME: NARVASA, GREGORIO J	
STREET ADDRESS: 7400 SOUTHWEST 82ND STREET, SUITE K407	
CITY-ST-ZIP: MIAMI FL 33143	
TITLE: CEOD	<input type="checkbox"/> Delete
NAME: CAPILLA, CARLOS A	
STREET ADDRESS: 7400 SOUTHWEST 82ND STREET, SUITE K407	
CITY-ST-ZIP: MIAMI FL 33143	
TITLE: STD	<input type="checkbox"/> Delete
NAME: NARVASA, LILLIAN E	
STREET ADDRESS: 7400 SOUTHWEST 82ND STREET, SUITE K407	
CITY-ST-ZIP: MIAMI FL 33143	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
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)(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 #: _____