2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2004 8:00 am Secretary of State **DOCUMENT # P03000079077** 04-22-2004 90089 035 ***150.00 MONKEY BUSINESS ENTERPRISES, INC. Principal Place of Business Mailing Address 161 ALLIGATOR DR 161 ALLIGATOR DR VENICE, FL 34293 VENICE, FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04162004 Chg-P Applied For City & State 4. FEI Number City & State 890044 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POTH, PAUL Street Address (P.O. Box Number is Not Acceptable) 161 ALLIGATOR DR VENICE, FL 34293 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 27 2 4 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition D Detete ☐ Change TITLE TITLE POTH, PAUL NAME NAME 161 ALLIGATOR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 CITY-ST-ZIP ☐ Delete ΠΠF ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS .CITY-ST-ZIP. .CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE MARKE NAME STREET ADDRESS

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.

CITY-ST-ZIP

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TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADORESS

SIGNATURE: X

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS COY-ST-ZP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Daytime Phone #

☐ Change

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☐ Addition

Addition

FILED