

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000056454

1. Entity Name
COUPLE OF MORONS, INC.



Principal Place of Business
**1557 S.W. BIRKEY AVENUE
PORT ST. LUCIE, FL 34958**

Mailing Address
**1557 S.W. BIRKEY AVENUE
PORT ST. LUCIE, FL 34958**



04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3819016	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMASON, CARLOS
6231 WEST 24TH AVENUE
APARTMENT 106
HIALEAH, FL 33016**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMASON, CARLOS
STREET ADDRESS	6231 W. 24TH AVENUE, #106
CITY-ST-ZIP	HIALEAH, FL 33016

TITLE	D
NAME	VILLAR, DEREK
STREET ADDRESS	1557 S.W. BIRKEY AVENUE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34958

TITLE	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Carlos Thomason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08
Date

954 471-7094
Daytime Phone #