

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000094049

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Entity Name:** DR. BOB'S MONKEY BUSINESS, INC.

**Current Principal Place of Business:**

11482 SR 84  
DAVIE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

11482 SR 84  
DAVIE, FL 33325

**New Mailing Address:**

**FEI Number:** 20-3289737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIEGEL, ROBERT  
5022 STILLWATER TERR  
COOPER CITY, FL 33330 US

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

SIEGEL, ROBERT  
4755 LAKESIDE CIRCLE EAST  
DAVIE, FL 33314 US

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

04/21/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SIEGEL, ROBERT  
Address: 4755 LAKESIDE CIRCLE EAST  
City-St-Zip: DAVIE, FL 33314

Title: STD  
Name: SIEGEL, VICTORIA  
Address: 4755 LAKESIDE CIRCLE EAST  
City-St-Zip: DAVIE, FL 33314

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SIEGEL

PRES

04/21/2012

Electronic Signature of Signing Officer or Director

Date