


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90038 013 ***150.00

DOCUMENT # P06000128371

1. Entity Name
MONKEY GRILL, INC.



Principal Place of Business
**1428 LAFAYETTE ST.
 CAPE CORAL, FL 33904**

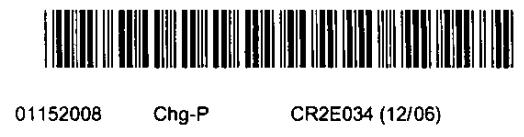
Mailing Address
**P. O. DRAWER 60205
 FT. MYERS, FL 33906**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
**JOHN M. WICKER, P.A.
 P.O. DRAWER 60205
 FORT MYERS, FL 33906**

City & State

Zip Country



6. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D JR.
 12670 NEW BRITTANY BLVD., SUITE 101
 FT. MYERS, FL 33907**

7 Name and Address of New Registered Agent

Name
JOHN M. WICKER, P.A.

Street
12670 NEW BRITTANY BLVD., STE 101

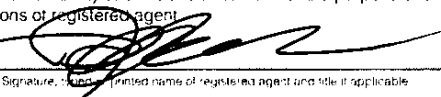
City
FORT MYERS, FL 33907

State
FL

Zip
33907

City 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  DATE **3/25/08**

Signature, Name (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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOGERT, NICOLAAS			NAME			
STREET ADDRESS	1428 LAFAYETTE ST.			STREET ADDRESS			
CITY - ST - ZIP	CAPE CORAL, FL 33904			CITY - ST - ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, CLAUDIA			NAME			
STREET ADDRESS	1428 LAFAYETTE ST.			STREET ADDRESS			
CITY - ST - ZIP	CAPE CORAL, FL 33904			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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:  **NICOLAAS BOGERT pres.** Date **3-17-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Name) Phone #