


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000004609</b> 1. Entity Name <b>MONKEY ENTERPRISES, INC.</b>	
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Principal Place of Business <b>10360 NW 55 ST SUNRISE, FL 33351</b>	Mailing Address <b>10360 NW 55 ST SUNRISE, FL 33351</b>
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**DO NOT WRITE IN THIS SPACE**



06152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0552800</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>KURTZ, STEVE 9312 NW 10 ST PLANTATION, FL 33322</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

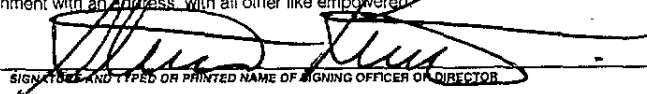
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KURTZ, STEVE 9312 NW 10TH ST PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEVENSON, RICK 15800 TURNBERRY DR. MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SARBONE, LOU 5327 N.W. 51ST COURT COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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06/18/04-80002-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

6/18/04  
Date

954-719-1433  
Daytime Phone #