


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90024 039 \*\*\*150.00

<b>DOCUMENT # P97000057706</b>	
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<b>1. Entity Name</b> MONKEYCLUB, INC.	<b>Principal Place of Business</b> POB 14111 NORTH PALM BEACH, FL 33408	<b>Mailing Address</b> POB 14111 NORTH PALM BEACH, FL 33408
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<b>2. Principal Place of Business - No P.O. Box #</b> 1801 MARINA ISLEWAY Suite, Apt. #, etc. APT # 404 City & State JUPITER, FL Zip 33477 Country PALM BEACH	<b>3. Mailing Address</b> 1801 MARINA ISLEWAY Suite, Apt. #, etc. APT # 404 City & State JUPITER, FL Zip 33477 Country PALM BEACH
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02032008 Chg-P CR2E034 (12/06)

<b>4. FEI Number</b> 65-0767767	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MASH, MICHAEL A JR. 1801 MARINA ISLE WAY APT #404 JUPITER, FL 33477	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS MASH, MICHAEL A JR. 1801 MARINA ISLE WAY JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, without other like empowerment.

**SIGNATURE:** Michael A. Mash Jr. **4-7-08** **(561) 906-6130**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
MICHAEL A. MASH JR. PRESIDENT