


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000109650

1. Entity Name
MOONLITE, INC.



Principal Place of Business
**7501 NW 4TH ST., STE. 112
 PLANTATION, FL 33317**

Mailing Address
**7501 NW 4TH ST., STE. 112
 PLANTATION, FL 33317**



01232006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1407215

Applied For
 Not Applicable

3. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUTSTEIN, RENEE
 7501 NW 4TH ST., STE. 112
 PLANTATION, FL 33317**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

U00000402234
 02/02/06-80078-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUTSTEIN, RENEE
STREET ADDRESS	7501 NW 4TH ST., STE. 112
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	DWOSKIN, MINA
STREET ADDRESS	7501 NW 4 ST STE 112
CITY-ST-ZIP	PLANTATION, F; 33317
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**

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:  **1-23-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #