

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT



DOCUMENT # P04000109650

1. Entity Name
MOONLITE, INC.

FILED

06 AUG 17 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

08072006 Chg-P CR2E034 (11/05)

City & State
Zip Country

4. FEI Number
20-1407215

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Barry Wachholder**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	RUTSTEIN, RENEE	7501 NW 4TH ST., STE. 112	PLANTATION, FL 33317	<input type="checkbox"/>
D	DWOSKIN, MINA	7501 NW 4 ST STE 112	PLANTATION, F; 33317	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		800078884748	08/18/06--01044--024 **61.25	<input type="checkbox"/>
DIRECTOR	Barry Wachholder	7501 NW 4 ST STE 112	Plantation, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DIRECTOR	Laura Streimer	7501 NW 4 St STE 112	Plantation, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-06

954-584-2222

Date

Daytime Phone #