

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091294

Entity Name: ANA MOON INC

FILED
Mar 28, 2009
Secretary of State

Current Principal Place of Business:

1701 SHENANDOAH ST
NUM 1
HOLLYWOOD, FL 33020

Current Mailing Address:

1701 SHENANDOAH ST
NUM 1
HOLLYWOOD, FL 33020

FEI Number: 26-3485496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

1701 SHENANDOAH ST
APT# 1
HOLLYWOOD, FL 33020

New Mailing Address:

1701 SHENANDOAH ST
APT #1
HOLLYWOOD, FL 33020

Name and Address of Current Registered Agent:

ROMERO, ANA T
1701 SHENANDOAH ST
NUM 1
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROMERO, ANA T
Address: 1701 SHENANDOAH
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: DIAZ, ALDO F
Address: 1701 SHENANDOAH ST APT#1
City-St-Zip: HOLLYWOOD, FL 33020 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARH

P

03/28/2009

Electronic Signature of Signing Officer or Director

_____ Date