

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90236 043 ***150.00

DOCUMENT # K83651

1. Entity Name

MOONGLOW DEVELOPMENT CORP.



Principal Place of Business

14629 SW 104 STREET #245
MIAMI FL 33186
US

Mailing Address

14629 SW 104 STREET #245
MIAMI FL 33186
US

50020658



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1500 San Remo Ave.

Suite, Apt. #, etc.

125

City & State

Coral Gables, FL

Zip

33146

Country

USA

4. FEI Number

65-0161196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALZATE, NOHEMY
4727 SW 74 AVE
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

Atrium Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1500 San Remo Ave. Suite 125

City

Coral Gables

FL

Zip Code

33146

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WITTENZELMER, MAGIBE DE
STREET ADDRESS 801 NORTH VENETIAN DRIVE #902
CITY-ST-ZIP MIAMI FL 33139

TITLE S ☒ Delete
NAME ALZATE, NOHEMY
STREET ADDRESS 12159 S.W 131 AVE.
CITY-ST-ZIP MIAMI FL 33186

TITLE V ☐ Delete
NAME WITTENZELNER, JOHANNA
STREET ADDRESS 801 NORTH VENETIAN DRIVE #902
CITY-ST-ZIP MIAMI FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☒ Change ☐ Addition
NAME Magibe Vera de Wittenzellner, Anna
STREET ADDRESS 1500 San Remo Ave. Suite 125
CITY-ST-ZIP Coral Gables, FL 33146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/D ☒ Change ☐ Addition
NAME Wittenzellner, Johanna
STREET ADDRESS 1500 San Remo Ave. Suite 125
CITY-ST-ZIP Coral Gables, FL 33146

TITLE V/D ☐ Change ☒ Addition
NAME Wittenzellner, Ricardo
STREET ADDRESS 1500 San Remo Ave. Suite 125
CITY-ST-ZIP Coral Gables, FL 33146

TITLE V/D ☐ Change ☒ Addition
NAME Wittenzellner, Hugo
STREET ADDRESS 1500 San Remo Avenue Suite 125
CITY-ST-ZIP Coral Gables, FL 33136

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Magibe de Wittenzellner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #