

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90068 038 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000048981

1. Entity Name
BLEW MOON INC.



Principal Place of Business
~~676 W PROSPECT RD~~
~~FT LAUDERDALE, FL 33309~~

Mailing Address
~~676 W PROSPECT RD~~
~~FT LAUDERDALE, FL 33309~~

2. Principal Place of Business
2240 NW 93 Ave

3. Mailing Address
2240 NW 93 Ave

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines FL

City & State
Pembroke Pines FL

4. FEI Number
65-1113347

Applied For
 Not Applicable

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

Country
Broward

Country
Broward

6. Name and Address of Current Registered Agent
PENN, JOY
~~676 W PROSPECT RD~~
~~FT LAUDERDALE, FL 33309~~

7. Name and Address of New Registered Agent
 Name
Joy Penn
 Street Address (P.O. Box Number is Not Acceptable)
2240 NW 93 Ave
 City
Pembroke Pines FL Zip Code
33024

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 *Joy Penn* **Joy Penn** **4/28/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when addressing) DATE

FILE NOW WITH FEE IS \$160.00
 After May 1, 2002 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENN, JOY 676 W PROSPECT RD FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Penn, Joy 2240 NW 93 Ave Pembroke Pines FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pres Durney, Rosemarie POB 292842 Davie, FL 33329-2842 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joy Penn* **Joy Penn** **4/28/03** **954 816-0609**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)