


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # P01000106034	
1. Entity Name FULL MOON AGENCY, INC.	

Principal Place of Business 420 JEFFERSON AVE MIAMI BEACH, FL 33139	Mailing Address 420 JEFFERSON AVE MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0402546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE, STE 3000 MIAMI, FL 33131
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC ESTEFAN, EMILIO JR 420 JEFFERSON AVENUE MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD ESTEFAN, GLORIA M 420 JEFFERSON AVENUE MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AMADEO, FRANK 420 JEFFERSON AVENUE MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/30/07-80055-005 150.00

**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: 	April 17 07	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			