

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Apr 30, 2008 08:00 AM
Secretary of State



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0402546

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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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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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000935466
05/23/08-80073-016 150.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 an other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frank Amadeo Feb. 07. 2008