FILED 2004 FOR PROFIT CORPORATION Apr 05, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P02000064231 -1. Entity Name MOON ENTERPRISES, INC. Mailing Address Principal Place of Business 4926 CENTRAL AVE. 4926 CENTRAL AVE. ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 01132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 27-0021588 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BACON, DAVID A ESQ. 2959 FIRST AVE, NORTH ST. PETERSBURG, FL 33713 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5,00 May Be U00000102840 04/05/04-80032-010 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS

PSD TITLE BATRAWY, AHMED MAME STREET ADDRESS 4926 CENTRAL AVE. ST. PETERSBURG, FL 33707 CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP TITLE STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 eppears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

AHMANA BATRAGY

Applied For

Not Applicable