

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-07-2003 90306 011 ***400.00
06-09-2003 90120 005 ***150.00

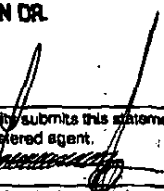
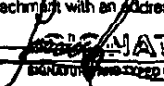
**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000078783			
1. Entity Name SHINING MOON GROUP CORP.			
Principal Place of Business 483 CONSERVATION DR. WESTON FL 33327		Mailing Address 318 INDIAN TRACE #245 WESTON FL 33328	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 030473433	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTRADA, JORGE A 483 CONSERVATION DR. WESTON FL 33327		7. Name and Address of New Registered Agent Name Luis Espinoza (President) Street Address (P.O. Box Number is Not Acceptable) 463 Conservation Dr. City Weston FL Zip Code 33327	
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  DATE _____ (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 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	PSTD ESTRADA, JORGE A 483 CONSERVATION DR. WESTON FL 33327 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Luis Espinoza 463 Conservation Dr. Weston, FL 33327 (President) ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 		SIGNATURE REQUIRED	
Date		Daytime Phone #	