2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000023433

1. Entity Name
MOON LIMOUSINE SERVICE "INC."

Principal Place of Business	Mailing Address
5890 S.SEMORAN BLVD ORLANDO, FL 32822 US	8451 LAKE AMHURST TRAIL ORLANDO, FL 32829 US

DO NOT WRITE IN THIS SPACE

05082007   No Chg-P   CR2E034 (11/05)

4. FEI Number 80-0055597	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

AMIR, SHARIF
8451 LAKE AMHURST TRAIL
ORLANDO, FL 32829

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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)

U00000764330
05/30/07 00050 015 150.00 DATE

FILE NOW!!! FEE IS $150.00 **Due by September 14, 2007**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	AMIR, SHARIF
STREET ADDRESS	8451 LAKE AMHURST TRAIL
CITY-ST-ZIP	ORLANDO, FL 32829

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: _____   5-8-07   407-729029?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #