

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90072 011 \*\*\*150.00

**DOCUMENT # P03000035979**

1. Entity Name  
**THE MOON GROUP, INC.**



Principal Place of Business  
**4525 W 20 AVE C-419  
HIALEAH, FL 33012**

Mailing Address  
**4525 W 20 AVE C-419  
HIALEAH, FL 33012**

2. Principal Place of Business  
**5195 SW 157 AVE**

3. Mailing Address  
**5195 SW 157 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112004

Chg-P

CR2E034 (10/03)



City & State  
**MIRAMAR, FL**

City & State  
**MIRAMAR, FL**

4. FEI Number  
**41-2087636**

Applied For

Not Applicable

Zip  
**33027**

Country  
**USA**

Zip  
**33027**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ORDONEZ, JOSE M JR  
4525 W 20 AVE C-419  
HIALEAH, FL 33012**

**7. Name and Address of New Registered Agent**

Name  
**JOSE M. ORDONEZ JR**

Street Address (P.O. Box Number is Not Acceptable)

**5195 SW 157 AVENUE**

City  
**MIRAMAR**

FL

Zip Code  
**33027**

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)

**04/14/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
ORDONEZ, JOSE M JR  
4525 W 20 AVE C-419  
HIALEAH, FL 33012** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
JOSE M. ORDONEZ JR.  
5195 SW 157 AVE  
MIRAMAR, FL 33027** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
GRACY LUNA ORDONEZ  
5195 SW 157 AVE  
MIRAMAR, FL 33027** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/14/04**

Date

**786-200-6942**

Daytime Phone #