
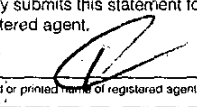
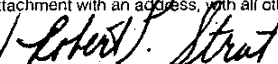


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90451 019 ***150.00

DOCUMENT # P03000049717 1. Entity Name CHERRY MOON ENTERTAINMENT, INC.			
Principal Place of Business 7757 NW 146TH STREET MIAMI LAKES, FL 33016		Mailing Address 7757 NW 146TH STREET MIAMI LAKES, FL 33016	
2. Principal Place of Business 5740 SW 17th Court Suite, Apt. #, etc.		3. Mailing Address 5740 SW 17th Court Suite, Apt. #, etc.	
City & State Plantation, FL Zip 33317 Country		City & State Plantation, FL Zip 33317 Country	
4. FEI Number 55-0834403		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCOY, KENNETH W 7757 NW 146TH STREET MIAMI LAKES, FL 33016		7. Name and Address of New Registered Agent Name Kenneth W. McCoy Street Address (P.O. Box Number is Not Acceptable) 9050 Pines Blvd. Suite 386 City Pembroke Pines, FL 33024 Zip Code FL	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/14/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P.S STREET ROBERT 5740 SW 17TH COURT PLANTATION, FL 33317	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/24/04 Daytime Phone #	