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Secretary of State
04-30-2004 90377 011 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/30/04

DOCUMENT # P03000057524

1. Entity Name
MOON WAVE CORP

66429245

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
2601N.E. 3RD CT. SUITE 13-202 SUITE 13-202 BOYNTON BEACH FL 33435	2601N.E. 3RD CT. SUITE 13-202 SUITE 13-202 BOYNTON BEACH FL 33435

2. Principal Place of Business: Sigline
Suite, Apt. #, etc.:
City & State:
Zip: Country:

3. Mailing Address: 2601 NE 3rd Ct. #202
Suite, Apt. #, etc.: 13-202
City & State: Boynton Beach FL
Zip: 33435 Country: Palm Beach

4. FEI Number: 20-0033331 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS-HUGHES, SUSAN E CEO
2601N.E. 3RD CT.
SUITE 13-202
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: Susan E. Williams
(Signature of person named as registered agent and title if applicable) (NOTE: Registered Agent signature required when submitting) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	Susan Williams		CEO 2601 NE 3Rd Ct, Boynton Bch
	☐ Delete		☐ Change ☐ Addition
	Susan Williams		President 2601 NE 3rd Ct, Boynton Bch
	☐ Delete		☐ Change ☐ Addition
	Susan Williams		Director Operations 2601 NE 3rd Ct, Boynton Bch
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ 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: Susan E. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #