

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90388 021 ***150.00

DOCUMENT # P03000149603

1. Entity Name
MOONSHYNE PRODUCTIONS INC.



Principal Place of Business
**1885 NE 149 ST
C
NORTH MIAMI, FL 33181**

Mailing Address
**P.O. BOX 611315
MIAMI, FL 33261**

94077530



2. Principal Place of Business

3. Mailing Address
PO BOX 101262

04152004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT. LAUDERDALE, FL.

4. FEI Number
75-3141456

Applied For
Not Applicable

Zip Country

Zip Country
33310 USA

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

6. Name and Address of Current Registered Agent

**ST. AMAND, FRED J JR
1885 NE 149 ST
C
NORTH MIAMI, FL 33181**

7. Name and Address of New Registered Agent

Name
ANTHONY M. GEORGES-PIERRE, ESQ.

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

100 N. BISCAYNE BLVD, SUITE 1003

City State Zip Code
MIAMI FL 33132

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

ANTHONY M. GEORGES-PIERRE, ESQ. 04-30-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 P ☐ Delete
NAME **ST. AMAND, FRED J JR**
STREET ADDRESS **P.O. BOX 611315**
CITY-ST-ZIP **MIAMI, FL 33261**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME **ST. AMAND, FRED J JR**
STREET ADDRESS **P.O. BOX 101262**
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33310**

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

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

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

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

FRED ST. AMAND JR.

04-30-04

305 219-2797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #