2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 31, 2006 08:00 AM **DOCUMENT # P04000085416 Secretary of State** CRESCENT MOON PROMOTIONS, INC. Principal Place of Business Mailing Address 800 NA57THFLACE 800 NA57THFLACE FORT LAUDEFDALE, FL. 33309 FORTLALDERDALE, FL. 33309 aJ No Chg-P CR2E034 (11/05) 01212006 DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 20-1670700 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, BOBBY DO NOT WRITE 800 NW 57TH PLACE FORT LAUDERDALE, FL 33309 IN THIS SPACE 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. MOTE: Recistered Agent signature recruited when reinstatings DATE 9. Election Campaign Financing FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RODRIGUEZ, ROBERT M NAME 800 NW 57TH PLACE 1441000410753 STREET ADDRESS FORT LAUDERDALE, FL 33309 02/09/06-30038-024 150.00 CITY-ST-ZIP TITLE RODRIGUEZ, ESTHER L NAME STREET ADDRESS 800 NW 57TH PLACE FORT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZYP TITLE 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.

CIGNATUDE

NAME STREET ADDRESS CITY-ST-IN TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ROBERT M. RODRIGUEZ 954-771-7117