

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90229 030 ***150.00

DOCUMENT # P05000049300

1. Entity Name
BRIGHT MOON DIST. CORP



Principal Place of Business
**ONE SOUTH PINE ISLAND RD
AP.211
PLANTATION, FL 33324**

Mailing Address
**ONE SOUTH PINE ISLAND RD
AP.211
PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2657701

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**GONZALEZ, RICARDO
ONE SOUTH PINE ISLAND RD
AP.211
PLANTATION, FL 33324**

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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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**
NAME **GONZALEZ, RICARDO**
STREET ADDRESS **ONE SOUTH PINE ISLAND RD AP.211**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **VP**
NAME **GONZALEZ, ROSA A**
STREET ADDRESS **ONE SOUTH PINE ISLAND RD AP.211**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE
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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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-08

Date

Daytime Phone #