

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

02-22-2007 90017 029 ***150.00

DOCUMENT # P06000060916 1. Entity Name MOON MIST, INC.					
Principal Place of Business 1 SE 3RD AVE., STE. 2950 SUNTRUST INTERNATIONAL CENTER, T. BAISDEN MIAMI, FL 33131			Mailing Address 1 SE 3RD AVE., STE. 2950 SUNTRUST INTERNATIONAL CENTER, T. BAISDEN MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232007 Chg-P CR2E034 (12/06)	
4. FEI Number 20-4813548				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEUERMAN, JONATHAN ESQ. 1 SE 3RD AVE., STE. 2950 SUNTRUST INTERNATIONAL CENTER, T. BAISDEN MIAMI, FL 33131			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	D FIELDS, ALLAN C. 1 SE 3RD AVE., STE. 2950 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CHOY, AUBREY 1 SE 3RD AVE., STE. 2950 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D 	☐ Delete			
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: 12 Feb 2007 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone		