

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000031482

FILED
Jan 07, 2008
Secretary of State

Entity Name: MOONLIGHT K1000 CORPORATION

Current Principal Place of Business:

7340 NW 114TH AVENUE
APT. 204
DORAL, FL 331785595

Current Mailing Address:

7340 NW 114TH AVENUE
APT. 204
DORAL, FL 331785595

New Principal Place of Business:

4625 NW 99TH AVENUE
APT. 201
DORAL, FL 33178

New Mailing Address:

4625 NW 99TH AVENUE
APT. 201
DORAL, FL 33178

FEI Number: 20-8623306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORES ZELAYA, CAMIL
7340 NW 114TH AVENUE
APT. 204
DORAL, FL 331785595 US

Name and Address of New Registered Agent:

FLORES ZELAYA, CAMIL
4625 NW 99TH AVENUE
APT. 201
DORAL, FL 33178 US

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.

SIGNATURE: CAMIL FLORES-ZELAYA

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLORES ZELAYA, CAMIL
Address: 7340 NW 114TH AVENUE APT. 204
City-St-Zip: DORAL, FL 331785595

Title: SD () Delete
Name: SUCRE, LUZ
Address: 7340 NW 114TH AVENUE APT. 204
City-St-Zip: DORAL, FL 331785595

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FLORES ZELAYA, CAMIL
Address: 4625 NW 99TH AVENUE APT. 201
City-St-Zip: DORAL, FL 33178

Title: SD (X) Change () Addition
Name: SUCRE, LUZ
Address: 4625 NW 99TH AVENUE APT. 201
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMIL FLORES-ZELAYA

PD

01/07/2008

Electronic Signature of Signing Officer or Director

Date