

FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P09000097380

1. Entity Name

MOON LIGHT OF BREVARD, INC.



FILED

11 JUN 28 AM 11:31

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

3024 Tuscarora Ct

Suite, Apt. #, etc.

3. Mailing Address

3024 Tuscarora

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

West Melbourne FL

City & State

West Melbourne FL

4. FEI Number

27-1409031

Applied For

Not Applicable

Zip

32904

Country

US

Zip

32904

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

Kenaz Taleb

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

3024 Tuscarora Ct

City

W. Melbourne

FL

Zip Code

32904

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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
Taleb, Kenaz
3024 Tuscarora Ct
W. Melbourne FL 32904

TITLE
NAME
STREET ADDRESS
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05/06/11--01011--025 ***150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Kenaz Taleb

DATE

06-17-11

Daytime Phone #