


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000040330
 1. Entity Name
STARS AND MOON, INC.



Principal Place of Business 13953 SW 66 STREET #407 MIAMI, FL 33183	Mailing Address 13953 SW 66TH STREET #407 MIAMI, FL 33183
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DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0498214	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KALOF, GREGORY E
 13953 SW 68TH STREET
 APT 407
 MIAMI, FL 33183

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

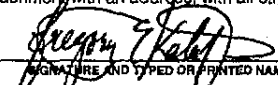
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000225811 02/12/05-80091-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALOF, GREGORY E 13953 SW 66 STREET, #407 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD PEDRAZA, JUNTREE 1640 NW 10 AVENUE MIAMI, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALOF, NATEE 1640 NW 10 AVE HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **GREGORY E. KALOF** **2/9/05** **305-714-1840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #