## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000040330

1640 NW 10 AVE

HOMESTEAD, FL

Address:

City-St-Zip:

Entity Name: STARS AND MOON, INC.

FILED Apr 30, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 13953 SW 66 STREET #407 MIAMI, FL 33183 **Current Mailing Address: New Mailing Address:** 13953 SW 66TH STREET 13953 SW 66 STREET #407 #407 MIAMI, FL 33183 MIAMI, FL 33183 FEI Number: 65-0498214 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KALOF, GREGORY E 13953 SW 66TH STREET **APT 407** MIAMI, FL 33183 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition KALOF, GREGORY E Name: Name: 13953 SW 66 STREET, #407 Address: Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: Title: TSD Title: TSD () Delete (X) Change ( ) Addition Name: PEDRAZA, JUNTREE Name: PEDRAZA, JUNTREE 34635 SW 188 PL 1640 NW 10 AVENUE Address: Address: MIAMI, FL 33030 FLORIDA CITY, FL 33034 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition KALOF, NATEE Name: KALOF, NATEE Name:

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.

Address:

City-St-Zip:

SIGNATURE: GREGORY E. KALOF PD 04/30/2008

4000 SW 23 STREET, #3-207

GAINESVILLE, FL 32608