


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000071308		
1. Entity Name NEW MOON I, INC.		
Principal Place of Business 2525 N.E. 214TH STREET NORTH MIAMI BEACH, FL 33180		Mailing Address 2525 N.E. 214TH STREET NORTH MIAMI BEACH, FL 33180
DO NOT WRITE IN THIS SPACE		
		04222005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0747435		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		
KOBINGER-RABBAT, JACQUES 2525 N.E. 214TH STREET NORTH MIAMI BEACH, FL 33180		DO NOT WRITE IN THIS SPACE
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KOBINGER-RABBAT, JACQUES 2525 N.E. 214TH STREET NORTH MIAMI BEACH, FL 33180	DO NOT WRITE IN THIS SPACE 000000339282 04/28/05-80067-025-150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RABBAT, ALEXANDRA R 2525 N.E. 214TH STREET NORTH MIAMI BEACH, FL 33180	
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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)(D), 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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		APR 22 05 / 305 949 9762 Date Daytime Phone #