04/14/1999 23:44 CCRS → 15615463610 NO.351 D02

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

98-99AR

...PROFIT ...RPORATION ...REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000087972

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-04/23/99--01007--015
****308.75 ****308.75

1. Corporation Name

MOONSHAKER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
747 NE DIXIE HWY JENSEN BEACH FL 34957	1707 BARTOW ST FT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number [illegible]	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
✓	81 Name: ✓ DANIEL DELORETTA 82 Street Address (P.O. Box Number is Not Acceptable): ✓ 1707 BARTOW ST 83 84 City: FT PIERCE FL 85 Zip Code: 34982

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: ✓ [signature] DANIEL DELORETTA ✓ 4-14-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required on all formations) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, P ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DANIEL DELORETTA	12 NAME	
STREET ADDRESS	1707 BARTOW ST	13 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34982	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2K-F124 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ [signature] DANIEL DELORETTA 4-14-99 561-334-3340

4-14-99 (2)

To who it may concern

After calling the secretary of state office I was informed that the forms sent to me were returned undelivered due to an error in the address. This caused the forms, not to be received in a timly manner.

Due to this error Im asking that the penalty be waived. This would be greatly appreciated.

Inclosed is a check for $308.75 for 1998 and 1999.

Thank you
Daniel Delgutta
Moonshaker ENT INC.