

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90224 043 ***150.00

DOCUMENT # P98000011149

1. Entity Name

BLUE MOON SPIRITUAL ACCESSORIES, INC.



Principal Place of Business

3848 N. UNIVERSITY DR.
FORT LAUDERDALE, FL 33351

Mailing Address

3848 N. UNIVERSITY DR.
FORT LAUDERDALE, FL 33351

24070151

2. Principal Place of Business

9907 Pines Blvd

3. Mailing Address

9907 Pines Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242004

Chg-P

CR2E034 (10/03)

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-0825953

Applied For

Not Applicable

Zip

33024

Country

Broward

Zip

33024

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, FRAN
3848 N. UNIVERSITY DRIVE
FORT LAUDERDALE, FL 33351

7. Name and Address of New Registered Agent

Name

DAVIS, FRAN

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

1560 NW 99 AVE

City

PLANTATION

FL

Zip Code

33322

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 reinstating)

DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DAVIS, FRAN
STREET ADDRESS 3848 N. UNIVERSITY DR.
CITY-ST-ZIP FORT LAUDERDALE, FL 33351

TITLE ST ☐ Delete
NAME CERULLO, ETHEL
STREET ADDRESS 3848 N. UNIVERSITY DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME DAVIS, FRAN
STREET ADDRESS 1560 NW 99 AVE
CITY-ST-ZIP PLANTATION, FL 33322

TITLE ☒ Change ☐ Addition
NAME Ethel Cerullo
STREET ADDRESS 2431 BAHAMA DR.
CITY-ST-ZIP Miramar, FL 33023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

Date

Daytime Phone #

4/27/04 954 704 1560