


FILED  
Jun 02, 2003 8:00 am  
Secretary of State

04-30-2003 90086 008 \*\*\*150.00

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**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P98000105676</b>			
1. Entity Name <b>MOON IN A SPOON, INC.</b>			
Principal Place of Business <b>661 WASHINGTON AVE. MIAMI BEACH FL 33139</b>		Mailing Address <b>4045 SHERIDAN AVE SUITE 422 MIAMI BCH FL 33140</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0884468</b>		APPLIED FOR <input checked="" type="checkbox"/> Applied For Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ZANARDI, OLIMPIA 4045 SHERIDAN AVE STE 129 MIAMI BCH FL 33140</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u><i>Olimpia Zanardi</i></u> DATE <u>4/20/03</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO ZANARDI, OLIMPIA 4045 SHERIDAN AVE #422 MIAMI BEACH FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: <u><i>Olimpia Zanardi</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>Olimpia Zanardi</i></u> <u>4/20/03</u> <small>Date</small> <u># 35670-16516</u> <small>Daytime Phone</small>	

CR2E034 (10/02)