

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000054069

1. Entity Name
MOONRAKER, INC.



Principal Place of Business Mailing Address
ONE EAST COMMERCIAL BLVD. ONE EAST COMMERCIAL BLVD.
LAUDERDALE-BY-THE-SEA FL 33308 LAUDERDALE-BY-THE-SEA FL 33308



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 65-0926933 Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOONRAKER INC/PETER BECK
3001 E OAKLAND PARK BLVD
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BECK, PETER	
STREET ADDRESS	3001 EAST OAKLAND PARK BOULEVARD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	V	<input type="checkbox"/> Delete
NAME	BECK, PETER	
STREET ADDRESS	ONE EAST COMMERCIAL BLVD.	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000203141	
CITY-ST-ZIP	01/29/05-80018-015 158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

Peter Beck President 1/29/05 954 566-2809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #