


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

| | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # F47834 1. Entity Name JULIO A. MOCEGA AND ASSOCIATES, INC. |  |
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|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business 25 S.E. 2ND AVE SUITE 545 MIAMI, FL 33131 | Mailing Address 25 S.E. 2ND AVE SUITE 545 MIAMI, FL 33131 |
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

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|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 59-2124672 | 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

MOCEGA, JULIO
 25 SE. 2 AVE STE 543
 MIAMI FL, FL 33132

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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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP | PSD MOCEGA, JULIO 10915 S.W. 125TH ST. SOUTH MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD MOCEGA, TERESA 10915 S.W. 125TH ST. SOUTH MIAMI, FL |
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000000020768
 01/29/04-80080-024 150.00

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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: *[Signature]* **President** Date: 1-29-04 Daytime Phone # _____