


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F47834**  
 1. Entity Name  
**JULIO A. MOCEGA AND ASSOCIATES, INC.**



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**



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2124672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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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 05/28/08-80098-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Teresa Mocega* **TERESA MOCEGA VP** 4-29-08 305-374-0181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #