2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000059514

1. Entity Name
MOBECCA HOLDING CORP.

Principal Place of Business	Mailing Address
8370 W. FLAGLER ST 234 MIAMI, FL 33144	8370 W. FLAGLER ST 234 MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

4UU8UUU7

04192007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-1020410		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MENDEZ, EDUARDO J
5440 SW 133RD COURT
MIAMI, FL

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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 _____
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	FERNANDEZ, JOSE M
STREET ADDRESS	1675 WEST 31 PL
CITY-ST-ZIP	HIALEAH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Jose M. Ferman / JOSE M. FERNANDEZ 4/20/07 825-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #