# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2008**
**Secretary of State**

DOCUMENT# P04000093657

**Entity Name:** MOC, POVEDA & ASSOCIATES INSURANCE AND FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

5805 BLUE LAGOON DR., #460
MIAMI, FL 33126

**New Principal Place of Business:**

5775 BLUE LAGOON DR., #131
MIAMI, FL 33126

**Current Mailing Address:**

5805 BLUE LAGOON DR., #460
MIAMI, FL 33126

**New Mailing Address:**

5775 BLUE LAGOON DR., #131
MIAMI, FL 33126

**FEI Number: 03-0543858** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNKLEY, LINDSAY
14100 PALMETTO FRONTAGE RD., #201
MIAMI LAKES, FL 33016 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MOC, KAN-SENT
Address: 5805 BLUE LAGOON DR., #460
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Delete
Name: MOC, JENNIFER P
Address: 5805 BLUE LAGOON DR., #460
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: MOC, KAN-SENT
Address: 5775 BLUE LAGOON DR., #131
City-St-Zip: MIAMI, FL 33126

Title: VP (X) Change ( ) Addition
Name: MOC, JENNIFER P
Address: 5775 BLUE LAGOON DR., #131
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAN-SENT MOC P 05/02/2008

Electronic Signature of Signing Officer or Director Date