2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F47834

1. Entity Name
JULIO A. MOCEGA AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
25 S.E. 2ND AVE SUITE 545 MIAMI, FL 33131	25 S.E. 2ND AVE SUITE 545 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01052006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2124672	Not Applicable

5. Certificate of Status Desired ☐   **$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_____

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, 2006 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	MOCEGA, JULIO
STREET ADDRESS	10915 S.W. 125TH ST.
CITY-ST-ZIP	SOUTH MIAMI, FL

TITLE	VD
NAME	MOCEGA, TERESA
STREET ADDRESS	10915 S.W. 125TH ST.
CITY-ST-ZIP	SOUTH MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/06-80077-014 150.00

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IN THIS SPACE

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: _____ VP   1-27-06   305-374-018/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #