

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F47834

**Entity Name:** JULIO A. MOCEGA AND ASSOCIATES, INC.

**Current Principal Place of Business:**

25 S.E. 2ND AVE  
SUITE 545  
MIAMI, FL 33131

**FILED**  
**Apr 10, 2016**  
**Secretary of State**  
**CC2742344292**

**Current Mailing Address:**

25 S.E. 2ND AVE  
SUITE 545  
MIAMI, FL 33131

**FEI Number: 59-2124672**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title PSD  
Name MOCEGA, JULIO  
Address 10915 S.W. 125TH ST.  
City-State-Zip: SOUTH MIAMI FL 33176

Title VD  
Name MOCEGA, TERESA  
Address 10915 S.W. 125TH ST.  
City-State-Zip: SOUTH MIAMI FL 33176

*I hereby 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 all other like empowered.*

**SIGNATURE: JULIO A. MOCEGA**

**PRESIDENT**

**04/10/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date