

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90245 031 \*\*\*158.75

**DOCUMENT # F01000003593**

1. Entity Name  
MOCAL ENTERPRISES, INC.



Principal Place of Business  
1225 BROADWAY, SUITE 209  
NEW YORK, NY 10001

Mailing Address  
1225 BROADWAY, SUITE 209  
NEW YORK, NY 10001

**60002570**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
35-0818781

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HADDAD, CALVIN  
400 SE FIFTH AVENUE  
APT 604  
BOCA RATON, FL ~~33432~~ 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code  
33432

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete  
NAME HADDAD, CALVIN  
STREET ADDRESS 2629 N.W. 64TH PLACE  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE CP ☒ Change ☐ Addition  
NAME HADDAD, CALVIN  
STREET ADDRESS 400 SE FIFTH AVENUE - APT. 604  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ST ☐ Delete  
NAME SOFEN, STEVE  
STREET ADDRESS 1225 BROADWAY, SUITE 209  
CITY-ST-ZIP NEW YORK, NY 10001

TITLE ST ☒ Change ☐ Addition  
NAME SOFEN, STEPHEN  
STREET ADDRESS 1225 BROADWAY, SUITE 209  
CITY-ST-ZIP NEW YORK, NY 10001

TITLE AS ☐ Delete  
NAME HADDAD, DANA  
STREET ADDRESS 1182 BROADWAY  
CITY-ST-ZIP NEW YORK, NY 10001

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Stephen N. Sofen* STEPHEN N. SOFEN

1/11/06

212-683-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #