

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003593

Entity Name: MOCAL ENTERPRISES, INC.

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

1225 BROADWAY, SUITE 209
NEW YORK, NY 10001

New Principal Place of Business:

1225 BROADWAY
SUITE 209
NEW YORK, NY 10001

Current Mailing Address:

1225 BROADWAY, SUITE 209
NEW YORK, NY 10001

New Mailing Address:

1225 BROADWAY
SUITE 209
NEW YORK, NY 10001

FEI Number: 35-0818781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: HADDAD, CALVIN
Address: 400 SE 5TH AVE APT 604
City-St-Zip: BOCA RATON, FL 33432

Title: ST () Delete
Name: SOFEN, STEVE
Address: 1225 BROADWAY SUITE 209
City-St-Zip: NEW YORK, NY 10001

Title: AS () Delete
Name: HADDAD, DANA
Address: 1182 BROADWAY
City-St-Zip: NEW YORK, NY 10001

Title: VP () Delete
Name: SHAPIRO, BARRY
Address: 1225 BROADWAY STE 204
City-St-Zip: NEW YORK, NY 10001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: SOFEN, STEPHEN N
Address: 1225 BROADWAY - SUITE 209
City-St-Zip: NEW YORK, NY 10001

Title: AS (X) Change () Addition
Name: HADDAD, DANA
Address: 1182 BROADWAY - SUITE 1700
City-St-Zip: NEW YORK, NY 10001

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEPHEN N. SOFEN

ST

02/05/2009

Electronic Signature of Signing Officer or Director

Date