


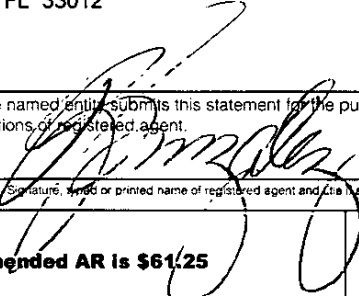
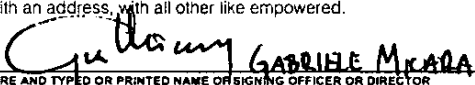
**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

06 AUG 24 AM 8: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M42663			
1. Entity Name MOHATRA INC.		Principal Place of Business 6500 WEST 4TH AVENUE #39 HIALEAH, FL 33012 US	
2. Principal Place of Business		Mailing Address 6500 WEST 4TH AVENUE #39 HIALEAH, FL 33012 US	
Suite, Apt. #, etc.		3. Mailing Address 7270 N.W. 12TH ST.	
City & State		Suite, Apt. #, etc. PENTHOUSE 9	
City & State MIAMI, FL		4. FEI Number 59-2779896	
Zip 33126		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/>	
8.75 Additional Fee Required		Not Applicable	
6. Name and Address of Current Registered Agent ALVAREZ, AIDA 6500 WEST 4TH AVENUE #39 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name RICARDO A. GONZALEZ & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 7270 N.W. 12TH STREET PENTHOUSE 9 MIAMI FL 33126	
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 		Ricardo A. Gonzalez PRESIDENT	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALENTINI, RAOUL 6500 W 4TH AVE #39 HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR GABRIELE MICARA 7270 NW 12TH ST, PENTHOUSE 9 MIAMI, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ALVAREZ, AIDA 6500 W 4TH AVE #39 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MATILDE VALENTINI 7270 N.W. 12TH ST. PENTHOUSE 9 MIAMI, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100079218271 08/29/06--01029--016 ***70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		GABRIELE MICARA	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date AUG-23-2006	
		Daytime Phone # 305-591-8844	