2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# M42663

Entity Name: MOHATRA INC.

Current Principal Place of Business:

6500 WEST 4TH AVENUE #39
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

7270 NW 12TH STREET
PENTHOUSE 9
MIAMI, FL 33126 US

New Mailing Address:

8750 NW 36 STREET
SUITE 425
DORAL, FL 33178 US

FEI Number: 59-2779896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARD A. GONZALEZ & ASSOCIATES, P.A.
7270 NW 12TH STREET
PENTHOUSE 9
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

CORPWIZ REGISTERED AGENTS, INC.
8750 NW 36 STREET
SUITE 425
DORAL, FL 33178 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: ASTRID WERMUTH 05/01/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MICARA, GABRIELE
Address: 7270 NW 12TH STREET, PENTHOUSE 9
City-St-Zip: MIAMI, FL 33126

Title: VPS ( ) Delete
Name: ALVAREZ, AIDA,
Address: 6500 W 4TH AVE #39
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete
Name: VALENTINI, MATILDE
Address: 7270 NW 12TH STREET, PENTHOUSE 9
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MICARA, GABRIELE
Address: 8750 NW 36 STREET, SUITE 425
City-St-Zip: DORAL, FL 33178

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

Title: D (X) Change ( ) Addition
Name: VALENTINI, MATILDE
Address: 8750 NW 36 STREET, SUITE 425
City-St-Zip: DORAL, FL 33178

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: GABRIELE MICARA PD 05/01/2008
Electronic Signature of Signing Officer or Director Date