2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 17, 2004 8:00 am Secretary of State DOCUMENT # P00000101093 1. Entity Name 03-17-2004 90037 009 ***150.00 MOGA ENTERPRISES, INC. Principal Place of Business Mailing Address 425 S.W. 17TH AVENUE MIAMI FL 33135 3351 SW 195 TERR MIRAMAR FL 33029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-1058733 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAW FIRM OF MANFRED ROSENOW, P.A. Street Address (P.O. Box Number is Not Acceptable) 2425 CORAL WAY **MIAMI FL 33145** City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ÞΠ TITLE ☐ Change Addition ☐ Delete NAME MOLINA, EDUARDO NAME 425 S.W. 17TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33135 CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME MOLINA, GIOVANNA NAME STREET ADDRESS 425 S.W. 17TH AVENUE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33135** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOLINAT MAURICIO STREET ADDRESS STREET ADDRESS 425 S.W. 17TH AVENUE CITY-ST-ZIP **MIAMI FL 33135** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

Daytime Phone #