2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000092225

Entity Name: MOCHIMA, INC.

Apr 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business:	New Principal
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C/O AGI REGISTERED AGENTS, INC. C/O AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVENUE 1200 BRICKELL AVENUE, SUITÉ 900 MIAMI, FL 33131

MIAMI, FL 33131

Current Mailing Address:

C/O AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVENUE

MIAMI, FL 33131

New Mailing Address:

C/O AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVENUE, SUITÉ 900

MIAMI, FL 33131

FEI Number: 65-1146875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

Place of Business:

AGI REGISTERED AGENTS, INC 1200 BRICKELL AVENUE SÚITE 900 MIAMI, FL 33131 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:

Electronic Signature of Registered Agent

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete

TOMASSI, GIANNI Name: % 1200 BRICKELL AVE. SUITE 900 Address:

City-St-Zip: MIAMI, FL 33131

() Delete Title:

Name: FURIATI, KARINA

% 1200 BRICKELL AVE., SUITE 900 Address:

MIAMI, FL 33131 City-St-Zip:

Title: () Delete OBREGON, JEAN PIERRE Name:

% 1200 BRICKELL AVE., SUITE 900 Address:

City-St-Zip: MIAMI, FL 33131 Title: (X) Change () Addition

Name: TOMASSI, GIANNI

10350 W. BAY HARBOR DR., #8H Address: City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: TD (X) Change () Addition

Name: FURIATI, KARINA

10350 W. HARBOR DR., #8H Address: BAY HARBOR ISLANDS, FL 33154 City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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.

Ρ SIGNATURE: GIANNI TOMASSI 04/01/2002