


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 22, 2004 8:00 am
Secretary of State

05-03-2004 91055 044 ***150.00

DOCUMENT # P02000034868 1. Entity Name MOCHAN INCORPORATED					
Principal Place of Business 20630 EAGLE NEST RD. MIAMI, FL 33189			Mailing Address 20630 EAGLE NEST RD. MIAMI, FL 33189		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number APPLIED FOR 30-0256602	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Name and Address of Current Registered Agent MOCHAN, ELIZABETH A 20630 EAGLE NEST RD. MIAMI, FL 33189				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	P MOCHAN, PAUL M 20630 EAGLE NEST RD. MIAMI, FL 33189		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOCHAN, ELIZABETH A 20630 EAGLE NEST RD. MIAMI, FL 33189		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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.					
SIGNATURE: <i>Elizabeth A. Mochan</i>			4-30-2004 305 254-4428		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

Attachment - P02000034868

66428824

June 16, 2004

MOCHAN INCORPORATED
20630 Eagle Nest Rd.
Miami, Fl. 33189

Subject: MOCHAN INCORPORATED
FEI number

Reference number: P02000034868

Please find the corrected report enclosed. Please note that today's is exactly 30 days from the date of the letter. This was an oversight on my part. I was basing the 30 day's on the date I received the letter which was May 23rd, 2004. I mentally noted the date I received the letter and didn't look at the date it was written. I hope this is acceptable and that no late fee's will be applicable. (The postmark on the envelope is May 21, 2004) I thank you in advance for your consideration in this matter.

Sincerely,
Elizabeth A Mochan


V.P.

MOCHAN INCORPORATED
