

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030553

Entity Name: MOCHELATO USA, INC.

FILED  
May 09, 2005  
Secretary of State

## Current Principal Place of Business:

499 E PALMETTO PARK RD STE 207  
BOCA RATON, FL 33432

## Current Mailing Address:

499 E PALMETTO PARK RD STE 207  
BOCA RATON, FL 33432

## New Principal Place of Business:

499 E PALMETTO PARK ROAD  
207  
BOCA RATON, FL 334325080 US

## New Mailing Address:

499 E PALMETTO PARK ROAD  
207  
BOCA RATON, FL 334325080 US

FEI Number: 38-3675984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRONCONE, MONIQUE CPA  
499 E PALMETTO PARK RD STE 207  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

TRONCONE, MONIQUE CPA  
499 E PALMETTO PARK ROAD  
207  
BOCA RATON, FL 334325080 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: MONIQUE TRONCONE, CPA

05/09/2005

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: D ( ) Delete  
Name: CAPRILES GARCIA, RAFAEL E  
Address: 2901 CLINT MOORE RD #122  
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete  
Name: SANCHEZ-SANCHEZ, ANTONIO J  
Address: 2901 CLINT MOORE RD #122  
City-St-Zip: BOCA RATON, FL 33496

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CAPRILES GARCIA, RAFAEL E  
Address: 2901 CLINT MOORE RD #122  
City-St-Zip: BOCA RATON, FL 33496 US

Title: VP (X) Change ( ) Addition  
Name: SANCHEZ-SANCHEZ, ANTONIO J  
Address: 2901 CLINT MOORE RD #122  
City-St-Zip: BOCA RATON, FL 33496 US

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 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: RAFAEL E CAPRILES

PD

05/09/2005

Electronic Signature of Signing Officer or Director

Date