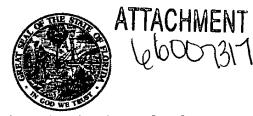
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2006 8:00 am Secretary of State 03-01-2006 90034 047 ***150.00

DOCUMENT # P04000046640 1. Entity Name HOCLA CORP.					05-01-2000 90054 047 150.			150.00	
Principal Place of Business 1700 N 42 AVE HOLLYWOOD, FL 33021		Mailing Address 1700 N 42 AVE HOLLYWOOD, FL 33021		66007317					
2. Principal P	Mace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02152008	Chg-P	CR2E0	34 (11/05)	
City & State		City & State		4. FEi Numb			14	oplied For	
Zip Country		Zip Coun		ntry	61-1468237 5. Certificate of Status Desired			\$8.75 Add	
	6. Name and Address of Curr	ent Registered Agent	<u> </u>		7. Name an	d Address of New R			
SERBER, DANIEL J ESQ				Name				·	·
	B ASSOCIATES, P.A. RRY PLAZA STE 801 2875 I	NE 191 ST		Street Address (P.O. Box Numb	per is Not Acceptable) 		
AVENTUR	IA, FL 33180			City			FI	Zip Cod	9
8. The above the obligat	named entity submits this stateme tions of registered agent.	nt for the purpose of changing it	e register	ed office or register	ed agent, or bi	oth, in the State of Flo	rida. I am I	amiliar with,	and accept
SIGNATURE.	Signeaure, typed or printed name of registered a	ners and tribul apparation (NY)	tf Benevere	d Agent signature required	luden renetations		DATE	· · · · · · · · · · · · · · · · · · ·	<u> </u>
FIL	E NOWIII FEE IS \$150.00	9. Election Campa	aign Finar	ncing \$5	00 May Be		DATE		
	ay 1, 2006 Fee will be \$5!	50.00 Trust Fund Con	stribution.	☐ Add	ed to Fees				
10. TITLE	OFFICERS A	NO DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF)	CERS AND	DIRECTOR:	S IN 11
NAME	NAPARSTEK, PATRICIA		NAM					_ s.o.p.	
STREET ADDRESS City-St-Zip	1700 N 42 AVE HOLLYWOOD, FL 33021			ET ADORESS - ST-ZIP					
TITLE	D	☐ Delete	tift	_	·			☐ Change	Addition
NAME STREET ADDRESS	NAPARSTEK, ROBERTO 1700 N 42 AVE		NAM STRE	ET ADORESS					
CITY-SI-ZIP	HOLLYWOOD, FL 33021			-SI-ZIP					
TITLE NAME	·	☐ Delete	TITLE	·				☐ Change	Addition
STREET ADDRESS CITY+ST-ZIP				ET ADOPESS -S1-Zup					
TITLE		☐ Delete	tefu		·	•		Change	Addition
NAME Street address			NAM	ET ADORESS					
CITY-ST-ZIP				-S1: DP					
TITLE NAME		☐ De tete	TITLE				_	☐ Change	Addition
STREET ADDRESS CITY-SI-ZP			STRE	ET ADORESS -\$1-dp					
TITLE		☐ Delate	nru					Change	Addition
NAME STREET ADDRESS CITY-SI-ZIP	· · · · · ·			E ET ADORESS -S1-ZIP					
	Certify that the information supplied on this report or supplied rental reprovation or the receiver of frustee of or on an attachment with an address.	with this filling does not qualify for is true and accurate and that empowered to execute this repor- iss, with all other like empowered	or the exi my signal t as requi	emptions contained ture shall have the s red by Chapter 607	in Chapter 11 same legal effe , Florida Statut	9, Florida Statutes. I f ct as if made under or es; and that my name	urther certifath; that I are spears in	y that the in n an officer Block 10 or	dormation or director Block 11 if
SIGNAT	717.	NAPARSTUK R	تصهوه	170		3/55/06	95	4-39	4-429
	SIGNATURE AND TYPES	OR PRINTED MAME OF SIGNING OFFICES	R OR DIRECT	TOR		Date V	Da	rume Phone #	



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2006

HOCLA CORP. 1700 N 42 AVE HOLLYWOOD, FL 33021

Subject: HOCLA CORP.

Reference Number:

P04000046640

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION