

PO4000132426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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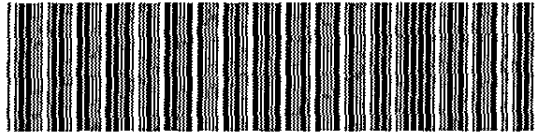
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MOCFRA CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000132426

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marina Moca  
(Name of Person)

Mocfra Corp.  
(Name of Firm/Company)

15595 SW 26th Terr  
(Address)

Miami, FL 33185  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marina Moca at ( 786 ) 715-7984  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

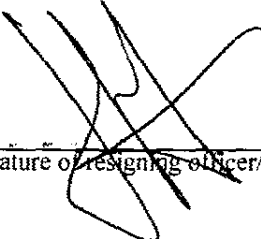
**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jose Moca hereby resign as Vice-President  
(Title)

of Mocfra Corp.  
(Name of Corporation)

P04000132426, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

  
\_\_\_\_\_  
(Signature of resigning officer/director)

**FILED**  
**07 AUG 23 PM 1:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314