


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90049 006 \*\*\*150.00

DOCUMENT # P05000116012			
1. Entity Name MOCHIMA INTERNATIONAL INVESTMENTS, INC.			
Principal Place of Business 520 BRICKELL KEY DR SUITE 0-305 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DR SUITE 0-305 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 10250 SW 56 ST Suite, Apt. #, etc. STE D-202 City & State MIAMI FL Zip 33165 Country- MIAMI DADE		3. Mailing Address 10250 SW 56 ST Suite, Apt. #, etc. STE D-202 City & State MIAMI FL Zip 33165 Country MIAMI-DADE	



01052007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3501483		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, LLC 520 BRICKELL KEY DR SUITE 0-305 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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	DPS SOL, EUGENIO <input type="checkbox"/> Delete 8468 SW 113 PL MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOL, JOSE <input type="checkbox"/> Delete AVE BOLIVAR NO 332 PUERTO LA CRUZ VENEZUELA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MORON, NORMANDO <input type="checkbox"/> Delete 8468 SW 113 PL MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BACANIZA, JAIME <input type="checkbox"/> Delete 830 SISTINA AVE CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BACARIZA, JAIME
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
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 exemptions contained in Chapter 119, 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: EUGENIO SOL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07 305 291 0345  
Date Daytime Phone #