

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000039640

**FILED**  
**Apr 15, 2005**  
**Secretary of State**

**Entity Name:** MOKKA INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

11811 SW 92 LANE  
MIAMI, FL 33186 US

**New Principal Place of Business:**

6864 S.W 145 TERRACE  
MIAMI, FL 33158 US

**Current Mailing Address:**

11811 SW 92 LANE  
MIAMI, FL 33186 US

**New Mailing Address:**

6864 S.W 145 TERRACE  
MIAMI, FL 33158 US

**FEI Number:** 65-0494513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EGOZI, CPA LEON  
19495 BISCAYNE BLVD  
SUITE E705  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BENCHLOUGH, MOISES  
Address: 11811 SW 92 LANE  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BENCHLOUGH, MOISES  
Address: 6864 S.W 145 TERRACE  
City-St-Zip: MIAMI, FL 33158

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: MOISES BENCHLOUCH

PRES

04/15/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date