# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 12, 2009**
**Secretary of State**

DOCUMENT# P96000080852

**Entity Name:** MOROCHOCA CORP.

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD. STE 501
CORAL GABLES, FL 33134

**New Principal Place of Business:**

901 PONCE DE LEON BLVD.
SUITE 501
CORAL GABLES, FL 33134

**Current Mailing Address:**

901 PONCE DE LEON BLVD. STE 501
CORAL GABLES, FL 33134

**New Mailing Address:**

901 PONCE DE LEON BLVD.
SUITE 501
CORAL GABLES, FL 33134

**FEI Number: 65-0697663** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BELLOSO, RODOLFO
901 PONCE DE LEON BLVD. STE 501
CORAL GABLES, FL 33134 US

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

BELLOSO, RODOLFO
901 PONCE DE LEON BLVD.
SUITE 501
CORAL GABLES, FL 33134 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: _____ 02/12/2009
Electronic Signature of Registered Agent — Date

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: BELLOSO, ARMANDO
Address: 1901 BRICKELL AVE. APT. B-2109
City-St-Zip: MIAMI, FL 33129

Title: STD ( ) Delete
Name: BELLOSO, IRENE
Address: 1901 BRICKELL AVE. APT. B-2109
City-St-Zip: MIAMI, FL 33129

Title: VD ( ) Delete
Name: BELLOSO, RODOLFO
Address: 901 PONCE DE LEON BLVD. STE 501
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: ALVAREZ, JUAN VICENTE
Address: 901 PONCE DE LEON BLVD #501
City-St-Zip: CORAL GABLES, FL 33134

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ARMANDO BELLOSO PD 02/12/2009
Electronic Signature of Signing Officer or Director — Date