
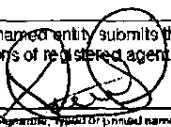
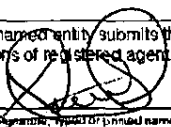
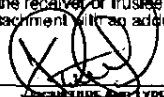


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90137 033 ***150.00

DOCUMENT # P99000109228									
1. Entity Name MOCHUELO INVESTMENT CORP.									
Principal Place of Business 2645 EXECUTIVE PARK DR. SUITE 125 WESTON, FL 33331			Mailing Address 2645 EXECUTIVE PARK DR. SUITE 125 WESTON, FL 33331						
2. Principal Place of Business 1003 Shotgun Rd Suite, Apt. #, etc.		3. Mailing Address 1003 Shotgun Rd Suite, Apt. #, etc.							
City & State Sunrise, FL		City & State Sunrise, FL							
Zip 33326		Country U.S.A.		4. FEI Number 65-0982015					
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent GONZALEZ, DON ESQ. 9050 PINES BLVD. SUITE 450-F PEMBROKE PINES, FL 33024			7. Name and Address of New Registered Agent Name: Gonzales, Don Esq. Street Address (P.O. Box Number is Not Acceptable): 1820 N. Corporate Lakes Blvd # 201 City: WESTON FL Zip Code: 33326						
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: 		NOTE: Registered Agent signature required when submitting.		DATE: 4/30/03					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$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	PD RAMIREZ, DIEGO 743 SHOTGUN RD SUNRISE, FL 33326	<input type="checkbox"/>	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Ramirez, Diego 1003 Shotgun Rd Sunrise, FL 33326	<input checked="" 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	S. Benitez, Carlos 1820 N. Corporate Lakes Blvd	<input type="checkbox"/>	Change	<input checked="" 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
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
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 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 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: 				DATE: 4/30/03					
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 954-476-0813					

CR2E034 (10/02)