


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90050 026 ***150.00

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| DOCUMENT # 221664 | |  | |
| 1. Entity Name MATSON SURETY, INC. | | | |
| Principal Place of Business 770 S DIXIE HWY STE 101 CORAL GABLES, FL 33146 US | | Mailing Address 770 S DIXIE HWY STE 101 CORAL GABLES, FL 33146 US | |
| 2. Principal Place of Business - No P.O. Box # 700 S. DIXIE HWY. Suite, Apt. #, etc. SUITE 100 City & State | | 3. Mailing Address 700 S. DIXIE HWY Suite, Apt. #, etc. SUITE 100 City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent MATSON, D W III 770 S. DIXIE HWY. SUITE 101 CORAL GABLES, FL 33146 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700 S. DIXIE HWY SUITE 100 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 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 | PS MATSON, D.W., III 532 SAN ESTEBAN CORAL GABLES, FL 33146 <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 |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 3-20-08 | Daytime Phone # 305-662-3852 |



03182008 Chg-P CR2E034 (12/06)

4. FEI Number **59-0859637** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required