

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 429026

FILED
Jun 29, 2005
Secretary of State

Entity Name: EDWARD A. MATSON, INC.

Current Principal Place of Business:

2101 SOUTH ANDREWS AVE
103
FT. LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

2101 SOUTH ANDREWS AVE
103
FT. LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 59-1471582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANGORA, C DAVID
200 SE 18TH CT
FT. LAUDERDALE, FL 33316 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATSON, EDWARD,
Address: 1606 SE 12TH CT.
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: V () Delete
Name: CIPOLATO, MICHAEL,
Address: 8550 SW 109 AVE #222
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: LOWE, STEVEN,
Address: 2723 S DAYTONA AVE.
City-St-Zip: FLAGLER BCH, FL

Title: V () Delete
Name: MATSON, DAVID
Address: 516 NE 12 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: V () Delete
Name: VIZCAINO, WILLIAM
Address: 2645 SW 24 TERRACE
City-St-Zip: MIAMI, FL 33145

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:

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

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: EDWARD A. MATSON

PD

06/29/2005

Electronic Signature of Signing Officer or Director

_____ Date