

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G45010

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** MATIMEX CORPORATION

**Current Principal Place of Business:**

1607 PONCE DE LEON BOULEVARD - SUITE 105  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

1607 PONCE DE LEON BOULEVARD- STE 105  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

1607 PONCE DE LEON BOULEVARD - SUITE 105  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 59-2754731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AGUIRRE, MATILDE  
1607 PONCE DE LEON BOULEVARD - SUITE 105  
CORAL GABLES, FL 33134 US

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

AGUIRRE, MATILDE  
1607 PONCE DE LEON BOULEVARD- STE 105  
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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/28/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: AGUIRRE, MATILDE  
Address: 1607 PONCE DE LEON BOULEVARD SUITE 105  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: MATILDE AGUIRRE

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

D

03/28/2012

\_\_\_\_\_  
Date