


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L70641

1. Entity Name
MATAMOROS, INC.



Principal Place of Business 202 E. REYNOLDS ST. PLANT CITY, FL 33566 US	Mailing Address RAMON GARZA 307 N. WEBB RD. PLANT CITY, FL 33566 US
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3007713	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARZA, RAMON
 307 N. WEBB RD.
 PLANT CITY, FL 33566**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARZA, RAMON 307 N. WEBB RD. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARZA, LINDA 307 N. WEBB RD. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GARZA, STEPHEN 307 N. WEBB RD. PLANT CITY, FL 33566
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Linda Marie Linda Garza Sec/Treas Date: 1-14-04 Daytime Phone #: 813-754-0492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR