## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## FILED Feb 14, 2008 8:00 am Secretary of State

Port City F 19366  Savin April 2002   Savin April 2003   Savin April 2	1. Entity Name  MATAMOROS, INC.				02-14-2008 90016 011 ***158.75	
2. Pincapul Place of Rigurines - No P C. Box # 2. Making Actionals  Sure, Apt. F. etc.  Sure, Apt. F. etc.  Sure, Apt. F. etc.  Sure, Apt. F. etc.  Covy & State  Sectional of Status Desire  Sectional Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Covy & State  Covy & Stat	202 E. REYNOLDS ST. PLANT CITY FL 33566		RAMON GARZA 307 N. WEBB RD. PLANT CITY FL 33566			
City & State  Ci	2. Principal Place of Business - No P.C. Box #		3. Mailing Address			
Spanning Spa	Suite, Apt. #, etc.				1st MOORE CR2E034 (10/07)	
S. Certification of Status Desired  ARAZA, RAMON 307 N. WEBB RD. PLANT CITY FL 33566  8. The above named analysis straight the statement for the purpose of changing its registered agent, or soon, in the State of Florida. I sam familiar with, and accept the citigations of repost-gibl agent.  SIGNATURE  **THE NOW!!!**FEE \$150.00  After May 1, 2008 Fee Will Be \$500.00	City & State		City & State		50-2007712	
GARZA, RAMON 307 N. WEBB RD. PLANT CITY FL 33566  8. The above named entity schemist this statement for the purpose of changing its registered office or registered agent, or corn, if the State of Florida. I am familiar with, and accept the obligations of registerior grant.  SIGNATURE  **THE NOW!!!** FEE IS \$150.00 **After May 1, 2008 Fee Will Be \$550.00 **After Ma	Zip			Country	Fee Required	
GARZA, RAMON 307 N. WEBB RD. PLANT CITY FL 33566  8. The above numerical entiry operating this statement for the purpose of changing its registered office or registered agent, or corn, in the State of Florida. I am familiar with, and accept the objections of respectable processors in the objections of respectable processors in the objections of respectable processors in purposed secretary processors. (NOTE Fagorese Representation processors of the State of Florida. I am familiar with, and accept the objections of respectable processors in purposed secretary processors. (NOTE Fagorese Representation processors of the State of Florida. I am familiar with, and accept the object of the object of fire of the object of the other processors of the State of Florida. I am familiar with, and accept the object of the object of the other processors of the State of Florida. I am familiar with, and accept the object of the object of the other processors of the State of Florida. I am familiar with, and accept the object of the object of the other processors of the State of Florida. I am familiar with, and accept the object of the object of the other processors of the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the familiar with, and accept the familiar with. And accept the familiar with, and accept the familiar with. And accept the familiar with, and accept the familiar with. And accept the familiar with, and accept the familiar with. And accept the familiar with. And accept the familiar with, and accept the familiar with. And accept the familiar with.	<u></u>	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent	
8. The above named entity submits statement for the purpose of changing its registered office or registered organ, or corn. In the State of Florida. Less than and accept the chiquidities of teaps (1) a girnt.  SIGNATURE    SIGNATURE	GARZA, RAMON 307 N. WEBB RD. PLANT CITY FL 33566				7 N. Webb Rd	
After May 1, 2008 Fee Will Be \$550.00   State;   Section Campaign Flavoring   Salut May Be Added to Fees   Addition   Trust Fund Contribution.   Addition   Trust Fund Contribution.   Addition   Addition   Addition   Trust Fund Contribution.   Addition   Addition   Addition   Trust Fund Contribution.   Addition   Addition   Trust Fund Contribution.   Addition   Addi	the obligations of registrated agent.  SIGNATURE Linda Super Linda Carza 215/08  Signature, typod of printed natural of registrated assert unit as enterplicable. (NOTE Registrated Agent algorithm required when reinstatur g)  DATE					
THE MAKE GARZA, RAMON SIRET ADDRESS CITY-ST-2P THE NAME GARZA, LINDA STRET ADDRESS CITY-ST-2P THE MAKE GARZA, LINDA STRET ADDRESS CITY-ST-2P THE MAKE GARZA, STEPHEN STRET ADDRESS CITY-ST-2P THE MAKE GARZA, STEPHEN STRET ADDRESS CITY-ST-2P THE MAKE GARZA, STEPHEN STRET ADDRESS CITY-ST-2P THE MAKE STRET ADDRESS CITY-ST-2P STRET ADDRESS CITY-ST-2P STRET ADDRESS CITY-ST-2P THE MAKE STRET ADDRESS CITY-ST-2P	After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
SIRET ADDRESS OT N. WEBB RD. CITY-ST-2P PLANT CITY FL 33566  TITLE ST OHAME GARZA, LINDA SIRET ADDRESS OT N. WEBB RD. CITY-ST-2P  PLANT CITY FL 33566  TITLE NAME GARZA, LINDA SIRET ADDRESS OT N. WEBB RD. CITY-ST-2P  PLANT CITY FL 33566  TITLE NAME GARZA, STEPHEN SIRET ADDRESS SIRET ADDRESS OT N. WEBB RD. CITY-ST-2P  CITY-ST-2P  TITLE NAME SIRET ADDRESS CITY-ST-2P						
NAME   GARZA, LINDA   STREET ADDRESS   CITY-ST-ZIP   CHange   Addition	NAME STREET ADDRESS	GARZA, RAMON 307 N. WEBB RD.	Æ De∕ete	NAME STREET ADDRESS	Change Addition  Larza, Linda  On N. Webb PL	
TITLE	NAME STREET ADDRESS	GARZA, LINDA 307 N. WEBB RD.	☐ Delete	NAME STREET ADDRESS	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE HAME STREET ADDRESS CITY-ST-ZIP  TITLE HAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	M GARZA, STEPHEN 307 N. WEBB RD.	☐ Dalete	TITLE HAFAF STREET ADDRESS	☐ Change ☐ Addition	
NAME	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	Change Addition	
NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		□ Delete	NAME SIRELT ADDRESS	☐ Change ☐ Addition	
	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADURESS CITY-ST-ZIP		

Indicated on this report or suppliermental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an efficer 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.

Linda Garza 2/5/08