

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90031 040 ***150.00

DOCUMENT # M76057
 1. Entity Name
MATCOR CUSTOM HOMES, INC.



Principal Place of Business: **3000 ISLAND BLVD. PH02 WILLIAMS ISLAND FL 33160**
 Mailing Address: **3000 ISLAND BLVD. PH02 WILLIAMS ISLAND FL 33160**

2. Principal Place of Business: **4000 Island Blvd. SUITE 301 AVENTURA, FL 33160**
 3. Mailing Address: **4000 Island Blvd SUITE 301 AVENTURA, FL 33160**
 4. FEI Number: **65-0078048** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
MATUS, ALAN M. 3000 ISLAND BLVD PH 02 MIAMI FL 33160

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **4000 ISLAND BLVD SUITE 301**
 City: **AVENTURA** FL Zip Code: **33160**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> Delete
NAME: MATUS, ALAN M.	
STREET ADDRESS: 3000 ISLAND BLVD PH 02	
CITY-ST-ZIP: MIAMI FL 33160	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ALAN MATUS	
STREET ADDRESS: 4000 ISLAND BLVD, SUITE 301	
CITY-ST-ZIP: AVENTURA, FL 33160	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ (Signature of Alan Matus)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ALAN MATUS**
 Date: **Jan. 26, 2005** Daytime Phone #: **305 937 7899**