

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000097280 1. Entity Name MATUS HOLDINGS CORP. |  |
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|---|---|
| Principal Place of Business 4000 ISLAND BOULEVARD STE 301 WILLIAMS ISLAND, FL 33160 | Mailing Address 4000 ISLAND BOULEVARD STE 301 WILLIAMS ISLAND, FL 33160 |
|---|---|

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01092008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 54-2083840 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**BERK, ARTHUR J
848 BRICKELL AVE.
SUITE 200
MIAMI, FL 33131**

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IN THIS SPACE

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, 2008 Fee will be \$550.00

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

U00000724319
01/16/08-80049-020 150.00

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | D |
| NAME | MATUS, ALAN |
| STREET ADDRESS | 4000 ISLAND BLVD STE 301 |
| CITY-ST-ZIP | AVENTURA, FL 33160 |
| TITLE | D |
| NAME | MATUS, BARBARA |
| STREET ADDRESS | 3000 ISLAND BOULEVARD PENTHOUSE #2 |
| CITY-ST-ZIP | WILLIAMS ISLAND, FL 33160 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ALAN MATUS (PRESIDENT) 1/9/08 (305) 725-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #