

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055724

FILED
Apr 30, 2009
Secretary of State

Entity Name: MATANZAS GROUP HOME INC.

Current Principal Place of Business:

4801 SW 201 TERRACE
SW RANCHES, FL 33332

New Principal Place of Business:

Current Mailing Address:

4801 SW 201 TERRACE
SW RANCHES, FL 33332

New Mailing Address:

FEI Number: 33-1165220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, NARIO P
7305 W 2 COURT
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOMEZ, AMARILYS
Address: 4801 SW 201 TERRACE
City-St-Zip: SW RANCHES, FL 33332

Title: D () Delete
Name: QUIRANTES, JORGE
Address: 7305 W 2 COURT
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: CRUZ, MARIO P
Address: 7305 W 2 COURT
City-St-Zip: HIALEAH, FL 33014

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LAURA, QUIRANTES
Address: 4801 SW 201 TERR
City-St-Zip: SOUTHWEST RANCHES, FL 33332

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AMARILYS D GOMEZ

D

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date