


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000067183
 1. Entity Name
MATIOK, INC.



Principal Place of Business
**600 GRAPETREE DRIVE, SUITE 10DN
 KEY BISCAIYNE, FL 33149**

Mailing Address
**P.O. BOX 490002
 KEY BISCAIYNE, FL 33149**

DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0732626	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROBERST, NORMA T
 50 W. MASHTA DR
 KEY BISCAIYNE, FL 33149**

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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO DE MATA, MARIA LUISA 20 CALLE 4-60 ZONA 10 INT. 3B GUATEMALA CITY GUATEMALA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATA C, GUILLERMO 12 CALLE 6-40 ZONA 9 GUATEMALA CITY GUATEMALA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATA C, ESTUARDO OFICIAN DIAGONAL 6 10-01 ZONA 10 GUATEMALA CITY GUATEMALA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATA DE ARIAS, LUISA MARIA OFICIAN DIAGONAL 6 10-01 ZONA 10 GUATEMALA CITY GUATEMALA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATA C, CARLOS ENRIQUE 7 AV. 5-10 ZONA 4 GUATEMALA CITY GUATEMALA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATA DE ARROYO, ANA ISABEL 20 CALLE 22-18 ZONA 10 CASA #5 GUATEMALA CITY GUATEMALA,

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 04/01/05-80033-025 158.75

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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: Guillermo Mata **GUILLERMO MATA** 04/01/05 (305) 374-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #