

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000067183

1. Entity Name
 MATIOK, INC.



Principal Place of Business
 600 GRAPETREE DRIVE, SUITE 100N
 KEY BISCAYNE, FL 33149

Mailing Address
 P.O. BOX 490002
 KEY BISCAYNE, FL 33149



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0732626

Applied For
 Not Applicable

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 BISCAYNE, FL 33149

DO NOT WRITE 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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

1111100459422
 01/11/06-80032-010 158.75

DO NOT WRITE IN THIS SPACE

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: *Castillo de Mata, Maria Luisa* March 1, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #