

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000067183

FILED
Apr 10, 2007
Secretary of State

Entity Name: MATIOK, INC.

Current Principal Place of Business:

600 GRAPETREE DRIVE, SUTIE 10DN
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 490002
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-0732626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERST, NORMA T
50 W. MASHTA DR
KEY BISCAYNE, FL 33149 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: CASTILLO DE MATA, MARIA LUISA
Address: 20 CALLE 4-60 ZONA 10 INT. 3B
City-St-Zip: GUATEMALA CITY GUATEMALA,

Title: D () Delete
Name: MATA C, GUILLERMO
Address: 12 CALLE 6-40 ZONA 9
City-St-Zip: GUATEMALA CITY GUATEMALA,

Title: D () Delete
Name: MATA C, ESTUARDO
Address: OFICIAN DIAGONAL 6 10-01 ZONA 10
City-St-Zip: GUATEMALA CITY GUATEMALA,

Title: D () Delete
Name: MATA DE ARIAS, LUISA MARIA
Address: OFICIAN DIAGONAL 6 10-01 ZONA 10
City-St-Zip: GUATEMALA CITY GUATEMALA,

Title: D () Delete
Name: MATA C, CARLOS ENRIQUE
Address: 7 AV. 5-10 ZONA 4
City-St-Zip: GUATEMALA CITY GUATEMALA,

Title: D () Delete
Name: MATA DE ARROYO, ANA ISABEL
Address: 20 CALLE 22-18 ZONA 10 CASA #5
City-St-Zip: GUATEMALA CITY GUATEMALA,

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA LUISA CASTILLO DE MATA

D

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date