

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000067183

FILED  
Apr 23, 2008  
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 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: MATA C, ESTUARDO

D

04/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date