


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90557 002 ***150.00

DOCUMENT # F93000000751					
1. Entity Name MATT BREWING CO., INC.					
Principal Place of Business 811 EDWARD ST. UTICA, NY 13502			Mailing Address 811 EDWARD ST. UTICA, NY 13502		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1343803	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUTH, GORDON APARTMENT 206 818 CAPRI ISLE BLVD VENICE, FL 34292			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete MATT, ALFRED D 7289 NORTON AVENUE CLINTON, NY 13323				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCP <input type="checkbox"/> Delete MATT, NICHOLAS O 36 JORDAN RD. NEW HARTFORD, NY 13413				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MATT, WALTER J 8 SOLDIER'S PLACE BUFFALO, NY 14222				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MATT, J. KEMPER 5 MEADOW LANE FAYETTEVILLE, NY 13066				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete MATT, NICHOLAS O 36 JORDAN RD. NEW HARTFORD, NY 13413				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALFRED D. MATT 7289 NORTON AVE CLINTON, NY 13323					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ PRESIDENT 1-8-04 315-624-2400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					