

**2007 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**DOCUMENT # 247200**  
1. Entity Name  
**RON MATUSALEM & MATUSA OF FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**230 PARK AVE.  
SUITE 812  
NEW YORK, NY 10169    US**      **230 PARK AVE.  
SUITE 812  
NEW YORK, NY 10169    US**

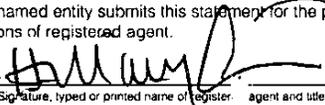
2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent  
**ARANA, CARLOS  
90 ALTON ROAD  
APT. 2806  
MIAMI, FL 33139**

7. Name and Address of New Registered Agent  
Name **CT Corporation System**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**  
City **Plantation**      FL      Zip Code **33324**

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:  **Hillary England**  
Assistant Secretary      DATE

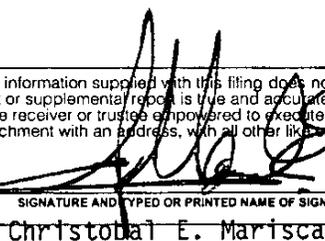
9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Amended AR is \$61.25**

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, CLAUDIO I	
STREET ADDRESS	230 PARK AVENUE, STE 812	
CITY-ST-ZIP	NEW YORK, NY 10169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAPLIN, WAYNE E	
STREET ADDRESS	230 PARK AVENUE, STE 812	
CITY-ST-ZIP	NEW YORK, NY 10169	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, CLAUDIO R	
STREET ADDRESS	230 PARK AVENUE, STE 812	
CITY-ST-ZIP	NEW YORK, NY 10169	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	MARISCAL ESTRADA, CRISTOBAL	
STREET ADDRESS	230 PARK AVENUE, STE 812	
CITY-ST-ZIP	NEW YORK, NY 10169	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVA JAUREGUI, ANTONIO	
STREET ADDRESS	230 PARK AVENUE, STE 812	
CITY-ST-ZIP	NEW YORK, NY 10169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alvarez, Nicolas R.	
STREET ADDRESS	230 Park Avenue, Ste. 812	
CITY-ST-ZIP	New York, NY 10169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ortiz, Jose A.	
STREET ADDRESS	230 Park Avenue, Ste. 812	
CITY-ST-ZIP	New York, NY 10169	
TITLE	D/CFO/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valotta, Claudia	
STREET ADDRESS	230 Park Avenue, Ste. 812	
CITY-ST-ZIP	New York, NY 10169	
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arana, Carlos	
STREET ADDRESS	230 Park Avenue, Ste. 812	
CITY-ST-ZIP	New York, NY 10169	
TITLE	D/P/CFO/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beckmann Legorreta, Juan Domingo	
STREET ADDRESS	230 Park Avenue, Ste. 812	
CITY-ST-ZIP	New York, NY 10169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Cristobal E. Mariscal**      Date **May 23, 2007**      Daytime Phone #

**FILED**   
**07 JUL -9 PM 3:29**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



04182007    Chg-P    CR2E034 (12/06)  
4. FEI Number **59-0997405**      Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

(011) (52) 5552 587070