

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 247200

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: RON MATUSALEM & MATUSA OF FLORIDA, INC.

## Current Principal Place of Business:

230 PARK AVE.  
SUITE 812  
NEW YORK, NY 10169 US

## New Principal Place of Business:

## Current Mailing Address:

230 PARK AVE.  
SUITE 812  
NEW YORK, NY 10169 US

## New Mailing Address:

FEI Number: 59-0997405      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUTNER, PETER  
617 DUVAL STREET  
KEY WEST, FL 33040 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: ALVAREZ, NICOLAS R  
Address: 230 PARK AVE., #812  
City-St-Zip: NEW YORK, NY 10169 US

Title: D ( ) Delete  
Name: ORTIZ, JOSE A  
Address: 230 PARK AVE., #812  
City-St-Zip: NEW YORK, NY 10169 US

Title: D ( ) Delete  
Name: ALVAREZ, CLADIO R  
Address: 1205 SW 37TH AVE, STE 300  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: MARISCAL ESTRADA, CRISTOPAL  
Address: 1205 SW 37TH AVE, STE 300  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: SILVA JAUREQUI, ANTONIO  
Address: 1205 SW 37TH AVE, STE 300  
City-St-Zip: MIAMI, FL 33135

Title: CFOT (X) Delete  
Name: VALOTTA, CLAUDIA  
Address: 230 PARK AVE., #812  
City-St-Zip: NEW YORK, NY 10169 US

## 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: ANTONIO SILVA JAUREQUI

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date