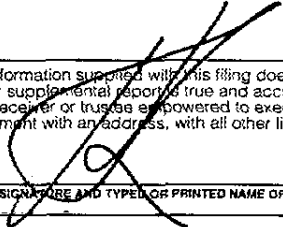


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 536016			
1. Entity Name MATTHEW-MICHAEL INTERIORS, INC.			
Principal Place of Business 1161 S.W. 74TH TERRACE PLANTATION, FL 33317	Mailing Address 1161 S.W. 74TH TERRACE PLANTATION, FL 33317		
DO NOT WRITE IN THIS SPACE			
		06042004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1754199	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
LITWIN, HERB 1161 S.W. 74TH TERRACE PLANTATION, FL 33317		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	PD LITWIN, HERB 1161 S.W. 74TH TERRACE PLANTATION FL,		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S LITWIN, BINI A 1161 S.W. 74TH TERRACE PLANTATION FL,	U00000162482 06/11/04-80001-015 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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: 			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			