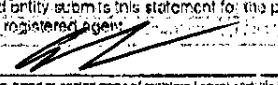
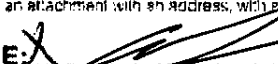


05/21/2004 14:29 15479458357

3 ROBERT GAS

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90001 004 ***150.00

DOCUMENT # F02000002887			
1. Entity Name MATD, INC.			
Principal Place of Business 2601 COLLINS AVENUE MIAMI BEACH, FL 33140		Mailing Address 2601 COLLINS AVENUE MIAMI BEACH, FL 33140	
2. Principal Place of Business		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 REGISTERED AGENTS OF FLORIDA, LLC 2601 COLLINS AVE MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name: Andy Lee Street Address (P.O. Box Number Is Not Acceptable): 2601 Collins Ave City: Miami Beach FL Zip Code: 33140	
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: 		DATE: 5-21-04	
NOTE: Registered Agent signature required when reappointing.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIORANGO, MICHAEL 2601 COLLINS AVENUE MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, ANDY 2601 COLLINS AVENUE MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, without other like empowered.			
SIGNATURE: 		DATE: 5/21/04 847-966-7063	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	