

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J43158

FILED
May 04, 2008
Secretary of State

Entity Name: MATROJO CORPORATION

Current Principal Place of Business:

4200 SW 47 AVE
DAVIE, FL 33314 US

New Principal Place of Business:

13273 SW 40 TH ST
DAVIE, FL 33330 US

Current Mailing Address:

13273 SW 40 TH. ST.
DAVIE, FL 33330 US

New Mailing Address:

13273 SW 40 TH ST
DAVIE, FL 33330 US

FEI Number: 59-2769100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STAMILE, BRUCE L.
13273 SW 40 TH ST.
DAVIE, FL 33330 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STAMILE, BRUCE L.,
Address: 13273 SW 40 TH. ST.
City-St-Zip: DAVIE, FL 33330 US

Title: VST () Delete
Name: LIBERDA, RONALD J.,
Address: 5952 NW BAYNARD DR.
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: D () Delete
Name: LIBERDA, RONALD J.,
Address: 5952 NW BAYNARD DR.
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STAMILE, BRUCE L PD
Address: 13273 SW 40 TH. ST.
City-St-Zip: DAVIE, FL 33330 US

Title: VST (X) Change () Addition
Name: LIBERDA, RONALD J VST
Address: 6263 COVERTY PLACE
City-St-Zip: VERO BEACH, FL 32966 US

Title: D (X) Change () Addition
Name: LIBERDA, RONALD J D
Address: 6263 COVERTY PLACE
City-St-Zip: VERO BEACH, FL 32966 US

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: BRUCE L STAMILE

PD

05/04/2008

Electronic Signature of Signing Officer or Director

_____ Date