

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J71817

1. Entity Name
MATIZ CORP.



FILED
08 NOV 10 PM 12:24

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6874 S.W. 114 PL
UNIT B
MIAMI, FL 33173

Mailing Address

6874 S.W. 114 PL
UNIT B
MIAMI, FL 33173

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

11052008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0076791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATIZ SR., ALBERTO
6874 S.W. 114 PL
UNIT B
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MATIZ, ALBERTO E. ☐ Delete
STREET ADDRESS 6874 S.W. 114TH PL., #B
CITY-ST-ZIP MIAMI, FL

TITLE SD ☒ Delete
NAME MATIZ, ALVARO
STREET ADDRESS 6874 S.W. 114TH PL., #B
CITY-ST-ZIP MIAMI, FL

TITLE DT ☐ Delete
NAME MATIZ, ANA MARIA
STREET ADDRESS 6874 S.W. 114TH PL., #B
CITY-ST-ZIP MIAMI, FL

TITLE M ☐ Delete
NAME MATIZ, ALBERTO SR.
STREET ADDRESS 6874 SW 114 PLACE, UNIT B
CITY-ST-ZIP MIAMI, FL 33173

TITLE C ☐ Delete
NAME MATIZ, RUTH
STREET ADDRESS 6874 SW 114 PLACE, UNIT B
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 000137794590
STREET ADDRESS 11/10/08--01066--014 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST ☒ Change ☐ Addition
NAME Ana Maria Matiz
STREET ADDRESS 6874 S.W. 114th Place, #B
CITY-ST-ZIP Miami, Florida 33173

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-5-08

(205) 274-1943