FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90744 034 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K 70057

1. Entity Name

Matos Auto Parts, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16855 NW 32 Ave	220 9 st SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Naple FL
Zip: 33055 Country: USA	Zip: 34117 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0104614 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jean Karlos Frometa

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

220 9 st SW

City: Naple FL Zip Code: 34117

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: _____ President 04/30/04

Signature, typed or printed name of registered agent and title if applicable — Registered Agent's signature required when executing — DATE

January 1 - May 1 Fee is $160.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jean Karlos Frometa 220 9 st SW Naple FL 34117
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President 04/30/04 3056200157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #