
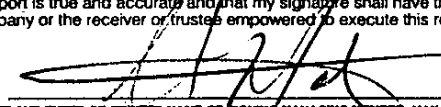


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90054 030 ***138.75

DOCUMENT # L07000073877 1. Entity Name MATA FINANCIAL MANAGEMENT LLC																													
Principal Place of Business 18573 S.W. 55TH STREET MIRAMAR, FL 33029 US			Mailing Address 18573 S.W. 55TH STREET MIRAMAR, FL 33029 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State Zip Country			City & State Zip Country																										
4. FEI Number 51-0642621			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required																										
6. Name and Address of Current Registered Agent MATA, JOSE A 18573 S.W. 55TH STREET MIRAMAR, FL 33029			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MATA, JOSE A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18573 S.W. 55TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIRAMAR, FL 33029</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	MATA, JOSE A		STREET ADDRESS	18573 S.W. 55TH STREET		CITY-ST-ZIP	MIRAMAR, FL 33029		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																													
SIGNATURE:  <div style="float: right; text-align: right;"> 7/8/08 (954) 483-4203 <small>Date Daytime Phone #</small> </div>																													