2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an addless, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED** Feb 07, 2006 08:00 AN Secretary of State DOCUMENT # M76057 1. Entity Name MATCOR CUSTOM HOMES, INC. Mailing Address Principal Place of Business 4000 ISLAND BLVD 4000 ISLAND BLVD SUITE 301 SUITE 301 WILLIAMS ISLAND FL 33160 WILLIAMS ISLAND FL 33160 2. Principal Place of Business 3. Marling Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0078048 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATUS, ALAN M. Street Address (P.O. Box Number is Not Acceptable) 4000 ISLAND BLVD SUITE 301 MIAMI FL 33160 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) TAC FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May 2. After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change TITLE U00000424461 MATUS, ALAN M. NAME NAME. 02/18/06-80052-003 150.00 STREET ADDRESS 4000 ISLAND BLVD SUITE 301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33160 ☐ Delete ☐ Change TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS City-\$1-7/2 CRY-ST-78 ☐ Adam TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Adam NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE ☐ Change Action Action NAME STREET ADDRESS STREET ADDRESS CiTY-ST-78 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1