

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N03000004770**

1. Entity Name  
**SIX FAMILY MATTERS II, INC.**



Principal Place of Business  
**5556 W 22 COURT APT C2  
HIALEAH, FL 33016**

Mailing Address  
**5556 W 22 COURT APT C2  
HIALEAH, FL 33016**



03192007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0869451**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**DIAZ, WILSON A  
5556 W 22 COURT APT C2  
HIALEAH, FL 33016**

**DO NOT WRITE  
IN THIS SPACE**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**03/19/07**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	PTE DIAZ, WILSON A 5556 W 22 COURT APT C2 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T REYES, ELSA A 5556 W 22 COURT APT C2 HIALEAH, FL 33016
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000676774  
03/30/07-80075-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/19/07**  
Date

**(305) 298 5989**  
Daytime Phone #