

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005015

FILED
May 22, 2009
Secretary of State

Entity Name: CAP. DR. JORGE "TITO" MATOS-POSTIGO INC.

Current Principal Place of Business:

8650 SW 149 AVE #305
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

8650 SW 149 AVE #305
MIAMI, FL 33193

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROJAS, RUBEN
8650 SW 149 AVE #305
MIAMI, FL 33193 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MONTALVO, RAMON J
Address: 16000 KINGSMOOR WAY
City-St-Zip: MIAMI LAKES, FL 33014

Title: T () Delete
Name: EMMANUELLI, EDUARDO
Address: 8002 SW 133 PL
City-St-Zip: MIAMI, FL 33183

Title: V () Delete
Name: TORRES, JOSE C
Address: 1529 ELM GROVE RD
City-St-Zip: WESTON, FL 33327

Title: P () Delete
Name: ROJAS, RUBEN
Address: 8650 SW 149 AVE, #305
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON J. MONTALVO

S

05/22/2009

Electronic Signature of Signing Officer or Director

Date