## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000036328

City-St-Zip:

Entity Name: MATADEEN ENTERPRISES, INC.

FILED Mar 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 811 WEST OCEAN AVENUE BOYNTON BEACH, FL 33426 **Current Mailing Address: New Mailing Address:** 811 WEST OCEAN AVENUE BOYNTON BEACH, FL 33426 FEI Number: 65-0998249 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENÚE CORAL GABLES, FL 33134 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: **PRFS** (X) Change ( ) Addition MATADEEN, KRISHNA Name: Name: MATADEEN, KRISHNA 811 WEST OCEAN AVENUE 811 WEST OCEAN AVENUE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: BOYNTON BEACH, FL 33426 Title: VΡ Title: () Delete () Change () Addition Name: MATADEEN, ANGANIE Name: 811 WEST OCEAN AVENUE Address: Address: BOYNTON BEACH, FL 33426 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition DEREK, MATADEEN Name: Name: 811 WEST OCEAN AVE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: () Delete Title: **PRES** ( ) Change (X) Addition MATADEEN, KRISHNA Name: Name: Address: Address: 811 WEST OCEAN AVE

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

BOYNTON BEACH, FL 33426

SIGNATURE: KRISHNA MATADEEN PRES 03/20/2009