2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2008 08:00 AI Secretary of State

Daytims Phone #

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1. Entity Nam	MENT # P01000001 MATT, INC.	968			5	ecretary of	i Sta
Principal Plac 4875 N.W. 3 MIAMI, FL 3	7TH AVENUE	Mailing Address 4875 N.W. 37TH AVENUE MIAMI, FL 33142	•				
The second of th			Compagnition of	01162008	No Chg-P	CR2E034 (11/05)	
. D	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number 65-1068	· · · · · · · · · · · · · · · · · · ·	Applied Not Ap	plicable
	6. Name and Address of Current	Registered Agent	No. 1 No. 1 No. 1			Fee Required	
MANDELL 4875 NW 3 MIAMI, FL	., ALAN 37TH AVENUE	Neglatara Agent	The state of the s	DO	VOT W HIS SP	RITE	TO A STATE OF THE
	named entity submits this statement fo	r the purpose of changing its register	ed office or register	red agent, or both	in the State of Flo	rida. I am familiar with, and	accept
the obligat	tions of registered agent.	•					
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registers	ed Agent signature required	1 when reinstating)		DATE	-
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees		<u> </u>	
10.	OFFICERS AND	DIRECTORS		Falling to make	and the second place of the second of the se	Bang, Bright Bank	3 ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANDELL, ALAN 6745 S.W. 139TH STREET MIAMI, FL 33158		The Marketter	A CONTRACTOR OF THE PROPERTY O		and the second of the second o	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANDELL, STEPHEN A 12000 SW 100 AVENUE MIAMI, FL 33176		g, see a	the contract of the second of	000000 04/10/08-	1872752 180049-025 150	00 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DØ	NOTW		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			gray and against	Red Miller Comment		Angel Gert Alexander (1965) France Carlo Season Standing (1965) Angel Season Kalanda (1965) Angel Season (1965) Carlo Mangalah Season Standing (1965)	in in the second

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 distress empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all part like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE