


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90053 014 ***150.00

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| DOCUMENT # P01000023783 | |  | |
| 1. Entity Name MATEQ SUPPLY, INC. | | | |
| Principal Place of Business 8550 NW 66 STREET MIAMI, FL 33166 | | Mailing Address 8550 NW 66 STREET MIAMI, FL 33166 | |
| 2. Principal Place of Business 8201 NW 64 STREET | | 3. Mailing Address 8201 NW 64 STREET | |
| Suite, Apt. #, etc. BAY 5 | | Suite, Apt. #, etc. BAY 5 | |
| City & State MIAMI, FL | | City & State MIAMI, FL | |
| Zip 33166 | Country | Zip 33166 | Country |
| 6. Name and Address of Current Registered Agent VALDES, TONY 2550 NW 72 AVE. STE. 111 MIAMI, FL 33122-1347 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent. | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SALAS, PEDRO 8550 NW 66 ST. MIAMI, FL 33166 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8201 NW 64 STREET BAY 5 MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SALAS, MARIA 8550 NW 66 ST. MIAMI, FL 33166 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8201 NW 64 STREET BAY 5 MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 607, 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: <u>Veronica Salas</u> | | Date: <u>02/10/06</u> | Daytime Phone #: <u>(305) 477-7060</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |

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01082006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1113663 Applied For Not Applicable

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