


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000023783**

1. Entry Name  
**MATEQ SUPPLY, INC.**



Principal Place of Business  
**8201 NW 64TH ST  
 BAY 5  
 MIAMI, FL 33166**

Mailing Address  
**8201 NW 64TH ST  
 BAY 5  
 MIAMI, FL 33166**

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1113663**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VALDES, TONY  
 2550 NW 72 AVE.  
 STE. 111  
 MIAMI, FL 33122-1347**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

DATE  
**01/17/07-80006-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALAS, PEDRO 8201 NW 64TH ST BAY 5 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, MARIA 8201 NW 64TH ST BAY 5 MIAMI, FL 33166
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**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 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: *Veronica Sotelo* **01/16/07** **305-477-7060**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #