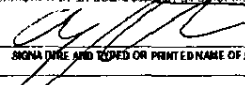


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91157 027 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000067001			
1. Entity Name MATTA COMPANIES, INC.			
Principal Place of Business 1800 PENN ST., STE. 4 MELBOURNE, FL 32901		Mailing Address 1800 PENN ST., STE. 4 MELBOURNE, FL 32901	
2. Principal Office 1101 W Hibiscus Blvd Suite, Apt. #, etc. 104		3. Mailing Address 1101 W Hibiscus Blvd Suite, Apt. #, etc. 104	
City & State Melbourne FL		City & State Melbourne FL	
Zip 32937		Country Revised	
4. FEI Number 59-3726740		☐ CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired ☐ \$3.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MATTA, SANJIV 580 RIO LANE INDIALANTIC, FL 32903		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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when certifying) DATE			
FILING FEE FILE NOW WITH FEE IS \$150.00 FEE MAY 1, 2003 FEE WILL BE \$250.00 Mail Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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-STATE-ZIP	CEO MATTA, AJAY 3560 BULL RUN CT. MELBOURNE, FL 32934 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	COO MATTA, SANJIV 580 RIO LANE INDIALANTIC, FL 32903 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST MATTA, SANJIV 580 RIO LANE INDIALANTIC, FL 32903 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), 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; and that my name appears in Block 10 or Block 11. If changed, or on an attachment with an address, and all other like empowered.			
SIGNATURE: 		04-29-03 321-773-5143	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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012E034 (10/02)