


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

05-05-2003 91870 022 ***150.00

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

DOCUMENT # P01000099458

1. Entry Name
MATARILE, INC.



Principal Place of Business
 1201 BRICKELL AVE.
 SUITE 630
 MIAMI, FL 33131

Mailing Address
 1201 BRICKELL AVE.
 SUITE 630
 MIAMI, FL 33131

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1025 MAJESTY TELL
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
WESTON, FL

4. FEI Number
65-1144349

Applied For
 Not Applicable

Zip
33327

Country
USA

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

6. Name and Address of Current Registered Agent
CORRAL, JOSE
 1201 BRICKELL AVE.
 SUITE 630
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name **VICTOR MARIQUE**
 Street Address (P.O. Box Number is Not Acceptable)
1883 HARBOR POINTE CIRCLE
 City **WESTON** FL Zip Code **33327**

8. The above named entry 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 *Jose* DATE *April 18, 2003*

Signature to be printed name of registered agent and file if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME CORRAL, JOSE	STREET ADDRESS 1201 BRICKELL AVE. SUITE 630	CITY-ST-ZIP MIAMI, FL 33131
NAME	STREET ADDRESS	CITY-ST-ZIP
NAME	STREET ADDRESS	CITY-ST-ZIP
NAME	STREET ADDRESS	CITY-ST-ZIP
NAME	STREET ADDRESS	CITY-ST-ZIP
NAME	STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME P/D VICTOR MARIQUE	STREET ADDRESS 1883 HARBOR POINTE CIRCLE	CITY-ST-ZIP WESTON, FL 33327
NAME	STREET ADDRESS	CITY-ST-ZIP
NAME	STREET ADDRESS	CITY-ST-ZIP
NAME	STREET ADDRESS	CITY-ST-ZIP
NAME	STREET ADDRESS	CITY-ST-ZIP
NAME	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jose* DATE: *April 28, 2003* 954 659074

VM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20034 (10/02)