2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028637

MATEOS, DIÀNTHA

SPRING HILL, FL 34609

353 SILAS CT.

Name:

Address:

City-St-Zip:

FILED Apr 29, 2004 Secretary of State

Entity Nan	ne: MATCON	CONSTRUCTION SERVICES,	INC.	·		
Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:		
353 SAILAS SPRING HI	S COURT ILL, FL 34609					
Current Ma	ailing Addres	s:	New Mailing Address:			
P.O. BOX 3 SPRING HI	3039 ILL, FL 34611					
FEI Number:	03-0411631	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:		
SPIEGEL 8 1840 SW 2 4TH FLOO MIAMI, FL	R	A .	DEREK MATEOS 14040 CASCADE LAN TAMPA, FL 33618	14040 CASCADE LANE		
The above in the State		ubmits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,		
SIGNATUR	RE: DEREK M	ATEOS		04/29/2004		
	Electron	ic Signature of Registered Ager	nt	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS	AND DIRECT	rors:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () MATEOS, DERE 353 SILAS CT. SPRING HILL, F		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () MATEOS, RODO 353 SILAS CT. SPRING HILL, F		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SD () MATEOS, OLGA 353 SILAS CT. SPRING HILL, F		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	TD ()	Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

	SIGNATURE:	DEREK MATEOS	PD	04/29/2004
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