2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jul 11, 2005 08:00 AM DOCUMENT # P02000076169 **Secretary of State** 1. Entity Name MATIZ USA, INC. Principal Place of Business Mailing Address 13191 SW 24 ST 13191 SW 24 ST MIRAMAR, FL 33027 MIRAMAR, FL 33027 06302005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0473924 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RODRIGUEZ, GUILLERMO H 13191 SW 24 ST MIRAMAR, FL 33027 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. 6-30-01 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) red soem andžitle il apolicable. in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 16. TITLE MME RODRIGUEZ, GUILLERMO H 13191 SW 24TH ST STREET ADORESS 000000372292 07/11/05-80029-026 150.00 CITY-ST-ZIP MIRAMAR, FL 33027 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7P 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oalt; 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-01

Daytime Phone #

FILED