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May 17, 2004 8:00 am
Secretary of State

04-16-2004 90076 030 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000124877

1. Entity Name
E.P. MATHESON, INC.

C6422354

04132004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
540 BRICKELL KEY DR. SUITE 1011 MIAMI, FL 33131	540 BRICKELL KEY DR. SUITE 1011 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
540 Brickell Key Dr.	540 Brickell Key Dr. Apt
Suite, Apt. #, etc. 1011	Suite, Apt. #, etc. 1011
City & State Miami, Fl.	City & State Miami, Fl.
Zip 33131 Country USA	Zip 33131 Country USA

4. FEI Number 20-0360612 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOMARRIBA, CARMEN
540 BRICKELL KEY DR
SUITE 1011
MIAMI, FL 33131

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 ____________________ 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, 2004 Fee will be $550.00

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-ST-ZIP	P SOMARRIBA, CARMEN E 540 BRICKELL KEY DR. SUITE 1011 MIAMI, FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SOMARRIBA, MARIA P 255 EAST ENID DR. MIAMI, FL 33149 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: Carmen Somarriba 4-12-04 7862862551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #