

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90028 027 \*\*\*150.00

**DOCUMENT # P04000149493**

1. Entity Name

MATT TECH, INC.



Principal Place of Business

1709 N.W. FEDERAL HWY  
STUART FL 34994

Mailing Address

1709 N.W. FEDERAL HWY  
STUART FL 34994



2. Principal Place of Business - No P.O. Box #

433 NE BAKER RD

3. Mailing Address

433 NE Baker Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Stuart FL

City & State

Stuart FL

4. FEI Number

53-1105039

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

34994

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONIGLIARO, CHARLES  
~~1709 N.W. FEDERAL HWY~~  
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

433 NE BAKER RD

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 fee, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! - FEE IS \$150.00**

**After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME CONIGLIARO, CHARLES  
STREET ADDRESS ~~1709 N.W. FEDERAL HWY~~  
CITY-ST-ZIP STUART FL 34994

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 433 NE BAKER RD.  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME CONIGLIARO, DONNA  
STREET ADDRESS 2126 NW PLUMBAGO TR  
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08

Date

772-692-4180

Daytime Phone #