## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 29, 2008 8:00 am Secretary of State

1. Entity Nami	OCUMENT # P05000024617  Itily Name  /MATO ENTERPRISE, INC.			05-29-2008 90193 028 ***150.00		
	e of Business BAY HARBOR DRIVE ISLANDS, FL 33154	Mailing Address 9201 WEST BAY HARBO BAY HARBOR ISLANDS, I		• • •	MANIA MANIA NIMIA MANIA	
Principal Pl 900 Suite, Apt.	ace #Bustess - No Po Box # Harbor	Mailing Address  Mailing Address  Suite, Apt. #, etc.	Bay Ha	04302008/ Chg/	CR2E034 (12/06)	
Bity & State	Harbor Island	City State Bay	Harbor	20-2756116	Applied For Not Applicable	
33/5	6. Name and Address of Current I	33/54'.		Certificate of Status Desired     Name and Address of Now	ree Required	
FERNANDEZ MARIA FERNANDA :				Name Ternandez, Maria ternande Street Address (P.O. Box Number is Not Acceptable)  9900 K Bay Harbor Dr.  City No. Harbor Tellands FL Zip Code 54		
8. The above	named entity submits this statement for one of registered agent.	the purpose of changing its r	egistered office or regis	stered agent, or both, in the State of	Florida. I am familiar with, and accept	
SIGNATURE	A	O OCCOM	<u>5</u>			
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature requ	ulred when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.(	9. Election Campaig Trust Fund Contri		55.00 May Be Added to Fees		
10.	OFFICERS AND	DIRECTORS Delete	11.	additions thanges to o	FFICERS AND DIRECTORS IN 11  Change   ddition	
NAME	FERNANDEZ, MARIA FERNAND	Α	NAME FE	ernandez, Hai	ja fernanda.	
STREET ADDRESS CITY-ST-ZIP	9201 WEST BAY HARBOR DRIV BAY HARBOR ISLANDS, FL 331		STREET ADDRESS CITY-ST-ZIP	100 K Bay Hart	d A. 33154.	
TITLE	VD	☐ Delete	TITLE	Tay HOTOUT ISTA	☐ Change ☐ Addition	
NAME STREET ADDRESS	TORRES, JOSE LUIS 9201 WEST BAY HARBOR DRIV	Æ	NAME STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33		CITY-ST-ZIP	a bresident.	Change Addition	
TITLE NAME		☐ Delete	TITLE NAME	ches Jose to	<b>7</b> . • -	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	ortes, Jose Loi 100 K Bay Harb	orbo.	
CITY-ST-ZIP		□ Delete	TITLE CO	J Harbar Tolan	Addition	
NAME			NAME	7 1100 00 00 00	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP		<u></u>	CJTY-ST-ZIP	<del></del>		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	cartify that the information complied with	this filing does not qualify to	r the exemptions contain	ined in Chapter 119. Florida Statute	s. I further certify that the information	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report by 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 firster 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 priestike empowered.						
SIGNAT	TURE:	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Daytime Phone #	
	SIGNATURE AND TYPED OR	FRIED CONTRACTOR SIGNING OFFICER	OIL DIVIDED LOS	D0/4		