

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90018 004 \*\*\*150.00

**DOCUMENT # P05000061880**

1. Entity Name  
**C. A. MATTOS, INC.**



Principal Place of Business  
**42156 NW 76TH AVE  
CORAL SPRINGS, FL 33065**

Mailing Address  
**42156 NW 76TH AVE  
CORAL SPRINGS, FL 33065**

**40027923**



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

**3315 SW 1 COURT**

3. Mailing Address

**3315 SW 1 COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202007

Chg-P

CR2E034 (12/06)

City & State

**DEERFIELD BEACH, FL**

City & State

**DEERFIELD BEACH, FL**

4. FEI Number

**20-2701261**

Applied For

Not Applicable

Zip

Country

**33442**

Zip

Country

**33442**

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

**MATTOS, CARLOS A  
621 CYPRESS LAKE BLVD., # D  
POMPANO BEACH, FL 33064**

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

Signature, hand or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
**PVST  
MATTOS, CARLOS A  
4216 NW 76TH AVE  
CORAL SPRINGS, FL 33065** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**3315 SW 1 COURT  
DEERFIELD BEACH, FL 33442** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
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CITY - ST - ZIP ☐ Delete

TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing 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 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

Date

Daytime Phone #

**2-28-07**

**561 9291670**