

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089549

FILED
Apr 27, 2009
Secretary of State

Entity Name: MATIAS INSURANCE SERVICES, INC.

Current Principal Place of Business:

9101 COLLEGE PKWY.
SUITE 203
FORT MYERS, FL 33919

New Principal Place of Business:

909 SE 47TH TER
SUITE 203-3
CAPE CORAL, FL 33904

Current Mailing Address:

9101 COLLEGE PKWY.
SUITE 203
FORT MYERS, FL 33919

New Mailing Address:

PO BOX 100903
CAPE CORAL, FL 33910

FEI Number: 20-3043582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATIAS, VILMA M
9101 COLLEGE PKWY.
SUITE 203
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

MATIAS, VILMA M
909 SE 47TH TER
SUITE 203-3
CAPE CORAL, FL 33904 US

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.

SIGNATURE: _____

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MATIAS, VILMA M
Address: 601 SE 13TH STREET
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VILMA M MATIAS

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date