
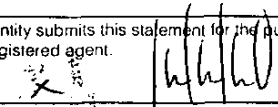
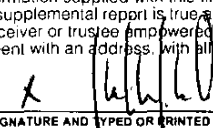


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90063 047 ***158.75

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # P06000081502 1. Entity Name MATTORO FINANCIAL SERVICES, INC. | | | |  | |
| Principal Place of Business 847 RUE LABEAU CIR FORT MYERS, FL 33913 | | | Mailing Address 847 RUE LABEAU CIR FORT MYERS, FL 33913 | | |
| 2. Principal Place of Business - No P.O. Box # 5270 Golden Gate Pkwy. | | 3. Mailing Address 5270 Golden Gate Pkwy. | | | |
| Suite, Apt. #, etc. 115 | | Suite, Apt. #, etc. 115 | | | |
| City & State Naples, Florida | | City & State Naples, Florida | | | |
| Zip 34116 | | Zip 34116 | | Country Collier | |
| Country Collier | | 4. FEI Number 20-5642152 | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent OROZCO, JUAN C 847 RUE LABEAU CIR FORT MYERS, FL 33913 | | | 7. Name and Address of New Registered Agent Name Servicios PARA LATINOS Street Address (P.O. Box Number is Not Acceptable) 6006 Radio Rd City Naples FL Zip Code 34104 | | |
| 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 3/5/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 OROZCO, JUAN C 847 RUE LABEAU CIR FORT MYERS, FL 33913 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P OROZCO, JUAN C 3962 RECREATION LN Naples FL 34116 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | | Date 3/5/07 Daytime Phone # 239-641-9379 | | |