2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 14, 2007 8:00 am
Secretary of State
04-24-2007 90009 044 ***150.00

DOCUMENT # P06000107002

1. Entity Name
MATCH, INC

66019070

Principal Place of Business
5052 PINE ABBY DR S
WEST PALM BEACH FL 33415

Mailing Address
5052 PINE ABBY DR S
WEST PALM BEACH FL 33415

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #: 5052 Pine Abbey Dr S
Suite, Apt. #, etc.
City & State: W. P. B. Fl
Zip: 33415
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number: 20-5386507
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GONZALEZ, FREDDY
5052 PINE ABBY DR S
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent
Name: Fredy Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 5052 Pine Abbey Dr S.
City: West Palm Beach, FL Zip Code: 33415

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: April 15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GONZALEZ, FREDDY 5052 PINE ABBY DR S WEST PALM BEACH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GONZALEZ, FREDDY 5052 PINE ABBY DR S WEST PALM BEACH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: ________ Date: June 11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #