

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000072700

Entity Name: MATI CORPORATION

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

820 N KROME AVENUE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

967 N KROME AVE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

820 N KROME AVENUE  
HOMESTEAD, FL 33030

**New Mailing Address:**

967 N KROME AVE  
HOMESTEAD, FL 33030

FEI Number: 26-0449362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

ANGELA SILVA-PAZ  
305 SW 5 AVE  
FLORIDA CITY, FL 33034 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: ANGELA SILVA-PAZ

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SILVA-PAZ, ANGELA  
Address: 305 SW 5TH AVE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VSTD  
Name: FRASSICA-RIVERA, MARTHA M  
Address: 305 SW 5TH AVE  
City-St-Zip: FLORIDA CITY, FL 33034

I hereby 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 all other like empowered.

SIGNATURE: MARTHA FRASSICA RIVERA

VP

04/26/2011

Electronic Signature of Signing Officer or Director

Date