

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000037947

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** MATOS REFERRAL GROUP, INC.

**Current Principal Place of Business:**

6705 S US HWY 1  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

409 SW ASTER RD  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

409 SW ASTER RD  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

409 SW ASTER RD  
PORT ST LUCIE, FL 34953

**FEI Number:** 26-4761609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATOS, JOSE M  
409 SW ASTER RD  
PORT ST LUCIE, FL 34953 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MATOS, JOSE M  
Address: 409 SW ASTER RD  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP  
Name: MATOS, JOSE M  
Address: 409 SW ASTER RD  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: SECR  
Name: MATOS, NIVIA N SECRETA  
Address: 409 SW ASTER RD  
City-St-Zip: PORT ST LUCIE, FL 34953

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: JOSE M MATOS

PTE

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date