

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000058023

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** MATTOS INSURANCE, INC.

**Current Principal Place of Business:**

3111 N. UNIVERSITY DR. #402  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

3111 N. UNIVERSITY DR.  
ST# 402  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3111 N. UNIVERSITY DR. #402  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

3111 N. UNIVERSITY DR.  
ST# 402  
CORAL SPRINGS, FL 33065

FEI Number: 27-0507250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MATTOS, MARCELO  
11833 N.W. 12TH DRIVE  
CORAL SPRINGS, FL 33071 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: MATTOS, MARCELO  
Address: 11833 N.W. 12TH DR.  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DVT  
Name: MATTOS, DEBORAH  
Address: 11833 N.W. 12TH DR.  
City-St-Zip: CORAL SPRINGS, FL 33071

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: MARCELO MATTOS

DPS

01/06/2010

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

\_\_\_\_\_ Date