## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000004310

1. Entity Name

NAME

TITLE

NAME

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET AODRESS CiTY-ST-ZIP

CITY-ST-ZIP

AGUIAR, APOLONIA M

HIALEAH, FL 33016

AGUIAR, OCASIO F

HIALEAH, FL 33016

PTD

7600 W. 20TH AVE SUITE 101

7600 W. 20TH AVE SUITE 101

## **FILED** Mar 24, 2006 08:00 AM Secretary of State

MATCON CORP.				
Principal Place of Business 7600 W 20TH AVE SUITE 101 HIALEAH, FL 33016 US	Mailing Address 7600 W. 20TH AVE SUITE 101 HIALEAH, FL 33016 US			KI TEKI EKBET KIUT KEKI BENUTA 11 1283
	•			
			02032006 No Chg-P	CR2E034 (11/05)
DO NOT WRITE	IN THIS SPA	CE	4. FEI Number 65-0401713	Applied For Not Applicable
			5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current R	registered Agent	-{		·-
AGUIAR, OCASIO F 7600 WEST 20TH AVE			DO NOT WR	ITE
SUITE 101 HIALEAH, FL 33016		F	IN THIS SPA	CE
8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent		ored office or register		. I am familiar with, and aggept
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.0	S. Election Campaign Final     Trust Fund Contribution		.00 May Be U000004	79799 0017-015 150.00
10. OFFICERS AND D	IRECTORS )			
mre { VPSD		ł	•	

## DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or linguisticities 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 attackiment with an address, with all other like empowered.		.,,
SIGNATURE: CacuT affect of BUNGED NAME OF STONING OFFICER DR DUSC TOR		
SKSHATURE AND THEO ON BINTED NAME OF BIONING OFFICER OR DIRECTOR	Date	Daytime Phone if