



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90273 038 \*\*\*150.00

<b>DOCUMENT # P92000004310</b> 1. Entity Name <b>MATCON CORP.</b>					
Principal Place of Business <b>7600 W 20TH AVE SUITE 101 HIALEAH, FL 33016 US</b>			Mailing Address <b>7600 W. 20TH AVE SUITE 101 HIALEAH, FL 33016 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6500 COW PEN ROAD</b>		3. Mailing Address <b>6500 COW PEN ROAD</b>			
Suite, Apt. #, etc. <b>202</b>		Suite, Apt. #, etc. <b>202</b>			
City & State <b>MIAMI LAKES, FL 33014</b>		City & State <b>MIAMI LAKES</b>			
Zip <b>33014</b>		Country <b>USA</b>		4. FEI Number <b>65-0401713</b>	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent <b>AGUIAR, OCASIO F 7600 WEST 20TH AVE SUITE 101 HIALEAH, FL 33016</b>		7. Name and Address of New Registered Agent Name <b>AGUIAR, OCASIO F</b> Street Address (P.O. Box Number is Not Acceptable) <b>6500 COW PEN ROAD</b> <b>SUITE #202</b> City <b>MIAMI LAKES</b> <b>FL</b> Zip Code <b>33014</b>	
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 <u><i>Ocasio F Aguiar</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD AGUIAR, APOLONIA M 7600 W. 20TH AVE SUITE 101 HIALEAH, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AGUIAR, OCASIO F 7600 W. 20TH AVE SUITE 101 HIALEAH, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing 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 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: <u><i>Ocasio F Aguiar</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					