

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000010711

1. Entity Name
DESIGN FURNITURE BY MATO, INC.



Principal Place of Business

9408 S. DIXIE HWY
MIAMI, FL 33156

Mailing Address

9408 S. DIXIE HWY
MIAMI, FL 33156

FILED

07 MAY 14 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0383838

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATO, MANUEL J
9408 S. DIXIE HWY
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATO, MANUEL H
1245 S. ALHAMBRA CIRCLE
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATO, OFELIA B
1245 S. ALHAMBRA CIRCLE
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700103094287
05/23/07--01011--002 **150.00
PR 5/22

**DO NOT WRITE
IN THIS SPACE**

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

MANUEL J. MATO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-07

Date

Daytime Phone #