

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P92000010711

1. Entity Name  
DESIGN FURNITURE BY MATO, INC.



FILED

07 MAY 14 AM 9:21

FLORIDA STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
9408 S. DIXIE HWY  
MIAMI, FL 33156

Mailing Address  
9408 S. DIXIE HWY  
MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**

05052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0383838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

(NOTE: Registered Agent signature required when restating)

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	

700103094287  
05/23/07-01011--002 \*\*150.00  
JL25122

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-07

Date

Daytime Phone #