## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 24, 2005 08:00 AM DOCUMENT # P93000083723 **Secretary of State** 1. Entity Name MATTHEW MICHAEL MARKETING, INC. Principal Place of Business Mailing Address 4750 S.W. 82ND STREET \_ 4750 S.W. 82ND STREET MIAMI FL 33143 **MIAMI FL 33143** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0453680 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAWLIK, JOSEPH 4750 SW 82ND ST Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 331-4773 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD HILE ☐ Delete THILE ☐ Change ☐ Addition H00H00241243 02/24/05-80032-025 158.75 HAWLIK, JOSEPH NAME NAME STREET ADDRESS 4750 S.W 82ND STREET STREET ADDRESS CHY-ST-ZIP MIAMI FL 33143 CHY-ST-ZIE Delete TITLE TOUR Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete idité Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-769 THEF ☐ Delete THE Change Addition NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 encowered.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

Daytime Phone #