

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000034066

1. Entity Name
MATDIL ENTERPRISES, INC.



Principal Place of Business
12386 SW 82ND AVE
MIAMI, FL 33156 US

Mailing Address
12386 SW 82ND AVE
MIAMI, FL 33156 US

FILED
Feb 02, 2005 08:00 AM
Secretary of State



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0487403

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBLES, CARRIE
12386 SW 82 AVE
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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | D |
| NAME | ROBLES, CARRIE |
| STREET ADDRESS | 8270 S.W. 119TH ST. |
| CITY-ST-ZIP | MIAMI, FL 33156 |
| TITLE | D |
| NAME | ROBLES, CARLOS |
| STREET ADDRESS | 8270 S.W. 119TH ST. |
| CITY-ST-ZIP | MIAMI, FL 33156 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: Carrie Robles - Carrie Robles 1/30/05 305-252-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #