

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90075 037 \*\*\*150.00

<b>DOCUMENT # P94000078107</b>						
<b>1. Entity Name</b> MATITER, CORPORATION						
<b>Principal Place of Business</b> 2911 BRIDGEPORT AVE COCONUT GROVE, FL 33133			<b>Mailing Address</b> 2911 BRIDGEPORT AVE COCONUT GROVE, FL 33133 US			
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		06132007    Chg-P    CR2E034 (12/06)		
<b>4. FEI Number</b> 65-0528618				Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>			
TEJEDA, TRINA 3763 DOUGLAS RD MIAMI, FL 33133			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City			
			FL    Zip Code			
<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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> PD	<b>NAME</b> TEJEDA, TRINA		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3763 DOUGLAS RD	4341 MAYFAIR DRIVE		<b>STREET ADDRESS</b>	CITY-ST-ZIP		
<b>CITY-ST-ZIP</b> MIAMI, FL 33133			<b>CITY-ST-ZIP</b>			
<b>TITLE</b> D	<b>NAME</b> MARQUEZ, IDA C		<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3755 DOUGLAS RD			<b>STREET ADDRESS</b>	CITY-ST-ZIP		
<b>CITY-ST-ZIP</b> MIAMI, FL 33133			<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>			<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>			<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 change empowered.</b>						
<b>SIGNATURE:</b> <i>[Signature]</i>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date: 7/2/07    Daytime Phone #						