


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90039 045 \*\*\*150.00

<b>DOCUMENT # P94000078107</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 #		3. Mailing Address <b>4341 Mayfair Dr</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Coconut Grove, FL</b>	
Zip	Country	Zip	Country
		<b>33133</b>	<b>USA</b>



03252008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0528618**

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TEJEDA, TRINA 3763 DOUGLAS RD MIAMI, FL 33133		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEJEDA, TRINA	NAME	
STREET ADDRESS	4341 MAYFAIR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ, IDA C	NAME	
STREET ADDRESS	3755 DOUGLAS RD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE	- <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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 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

*Director 3/25/08*

Date

Daytime Phone #