


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90019 039 \*\*\*150.00

<b>DOCUMENT # P95000071688</b>	
1. Entity Name <b>MATECUMBE CAPITAL MANAGEMENT, INC.</b>	

Principal Place of Business <del>8211 W BROWARD BLVD</del> <del>STE 120</del> <del>FORT LAUDERDALE, FL 33324 US</del>	Mailing Address <del>8211 W BROWARD BLVD</del> <del>STE 120</del> <del>FORT LAUDERDALE, FL 33324 US</del>
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24000014



2. Principal Place of Business <b>7270 NW 12th Street</b>	3. Mailing Address <b>7270 NW 12th Street</b>
Suite, Apt. #, etc. <b>Suite 2</b>	Suite, Apt. #, etc. <b>Suite 2</b>
City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33126</b>	Country <b>USA</b>

07132004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0613584</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BALOCCHI, JOSEPH M</b> <b>1323 SE THIRD AVENUE</b> <b>FORT LAUDERDALE, FL 33316</b>	
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7. Name and Address of New Registered Agent Name <b>Thomas A. Lihan</b> Street Address (P.O. Box Number is Not Acceptable) <b>2808 NE 24th Court</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33305</b>	
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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**  
**Due by September 8, 2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIHAN, THOMAS A <del>150 SE 12 ST, SUITE 300</del> <del>FORT LAUDERDALE, FL 33316</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas A. Lihan 2808 NE 24th Court Ft. Lauderdale, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTOLLA, STEVEN A 150 SE 12 ST, STE 300 FORT LAUDERDALE, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #