

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90090 007 ***150.00

DOCUMENT # P95000071688	
1. Entity Name MATECUMBE CAPITAL MANAGEMENT, INC.	



Principal Place of Business 7270 NW 12TH STREET STE 2 MIAMI, FL 33126 US	Mailing Address 7270 NW 12TH STREET STE 2 MIAMI, FL 33126 US
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50021894



2. Principal Place of Business 1150 NW 72nd Avenue Suite, Apt. #, etc. Suite 620 City & State Miami, FL Zip 33126 Country US		3. Mailing Address 1150 NW 72nd Avenue Suite, Apt. #, etc. Suite 620 City & State Miami, FL Zip 33126 Country US	
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02092005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0613584		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LIHAN, THOMAS A 2808 NE 24TH COURT FORT LAUDERDALE, FL 33305		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! - FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: THOMAS A LIHAN 2/10/05 (305) 477-6266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #