## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000071688

10. TITLE

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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

03-02-2005 90090 007 \*\*\*150.00

☐ Change

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☐ Addition

☐ Addition

MATECU	MBE CAI	PITAL MANAGEME	ENT, INC.								
Principal Place of Business			Mailing Address				•				
7270 NW 12TH STREET			<del>-7270 NW 12TH STREET-</del>							00010	
STE-2			<del>- STE 2</del>						Ð	00218	194
MIAMI, FL 33	3126 US	-	- MIAMI, FL 3312	<del>5 US</del>			1 18 11 (8 11 11	ICICI OSCIE O DIFI DDIFI DDI	H <b>BB</b> (E) 1 <b>8 BB</b> ) (	ETIS DITTO ITTI TER	INDI IS FEDE
2. Principal Place of Business			3. Mailing Address								
1150 NW 72nd Avenue			1150 NW 72nd Avenue				) 100(150) 110	(DIN) NEW MAIL! NAMA 2.0)	II ==(#1 )9.9 0) %	IRIR BUTI IRIBI IRI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02092005	Chg-P	CR2E(	34 (10/03)	
Suite 620			Suite 620								
City & State			City & State				4. FEI Numbe			<u>-</u>	plied For
Miami, <sup>Zip</sup>	<u> </u>	Country	Miami, FL Zip Country				65-0613584   Not Applicable				
33126 US		33126 US			5. Certificate of Sta		of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current R					- 7. Name and Address of New I						
					Name						-
LIHAN, TH		DT.			Stroot	Addross (	P.O. Boy Numbo	r in Net Assessable			
2808 NE 2		E, FL 33305			300007	Street Address (P.O. Box Number is Not Acceptable)					
		14.5			City Zip C			Zip Code			
		49,44						<u> </u>	FL	-   `	
<ol> <li>the above</li> </ol>	named entiti ions of regist	y submits this statement for tered agent.	the purpose of chang	jing its reg	istered office o	or register	ed agent, or both	n, in the State of Flo	orida. I am	familiar with,	and accept
	,	3									ļ
SIGNATURE_	Signature transf	or printed name of registered agent a	and title if anotherble	ONOTE: D							:
	, agration, typeo	or based rame or reflectored after a	по пов и аррисавие.	(NOTE: NO	gistered Agent signa	mus rednised	when reinstating)	_	DATE		
		-FEE IS \$150.00 5 Fee will be \$550.0	9. Election C Trust Fund	ampaign l d Contribu		\$5. Add	.00 May Be ed to Fees				
10.		OFFICERS AND I	DIRECTORS		11.		ADDITIONS/	CHANGES TO OFF	ICERS ANI	DIRECTORS	S IN 11
TITLE	D.		☐ Delete	,	TITLE					Change	☐ Addition
NAME		HOMAS A		ľ	NAME					•	_
STREET ADDRESS	l	24TH COURT			STREET ADDRESS						
CITY-ST-ZIP	FORT LA	UDERDALE, FL 33305			CITY-ST-ZIP	ļ					
TITLE		*	Delete	,	TITLE					Change	☐ Addition
NAME STREET ADDRESS				NAME	1						
CITY-ST-ZIP	1				STREET ADDRESS CITY-ST-ZIP						
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NAME			L Desert	'	NAME					☐ Change	Addition
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP				ŀ	CITY-ST-ZIP					-	
TITLE			☐ Delete		TITLE	<del>                                     </del>				☐ Change	Addition
NAME				NAME							
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP					CITY-ST-ZIP	L					,

12. Thereby 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 direction of 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 Ricck 11.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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changed, or on an atta	chment with an address, with all other like empower	ered.	napidi bor, ribilda	a Statutes, and that my hame a	ppears in block to or block	
SIGNATURE: _	That	navage.	Zolals	(305) 477-1211		
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF	Date	Daytime Phone #	_		