
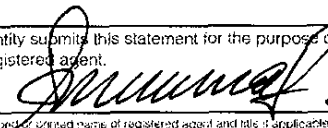
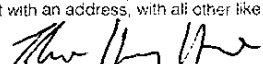


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90015 002 ***150.00

DOCUMENT # P95000077032 1. Entity Name MATTA INT., INC.					
Principal Place of Business 5411 NW 163RD ST. MIAMI, FL 33014			Mailing Address C/O LOPEZ ACCOUNTING 1800 W 49 ST, #121 HIALEAH, FL 33012		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip			3. Mailing Address 1800 W. 49 ST. Suite, Apt. #, etc. 201 City & State Hialeah, FL Zip 33012		
Country USA			4. FEI Number 65-0632063 Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			02272004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent MATTA, SILVANA 5411 NW 163RD ST. MIAMI, FL 33014			7. Name and Address of New Registered Agent Name Silvana @ Hou Street Address (P.O. Box Number is Not Acceptable) 5411 NW 163RD ST. Miami City FL Zip Code 33014		
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  Silvana @ Hou, Pres. DATE 2-26-04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTA, SILVANA 5411 NW 163RD ST. MIAMI, FL 33014	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Silvana @ Hou 5411 NW 163RD ST Miami, FL 33014
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHOU, KUNG H 5411 NW 163RD ST. MIAMI, FL 33014	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Kung H. Chou, VPres. DATE 2/20/04 (305) 621-2108 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					