


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90188 027 ***150.00

DOCUMENT # P99000018091

1. Entity Name
THE MATERIALMAN GROUP CORP.



Principal Place of Business Mailing Address

~~1602 ALTON RD~~ P.O. BOX 546882 ✓
 MIAMI BEACH, FL 33139 SURFSIDE, FL 33154 ✓
9200 Collins Ave
Surfside Fla 33154

40050548



02082007 No Chg-P CR2E034 (11/05)

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4. FEI Number Applied For
65-0900345 Not Applicable

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

6. Name and Address of Current Registered Agent

KOTOK, BRENDA TH ✓
 9200 COLLINS AVE ✓
 SURFSIDE, FL 33154 ✓

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOTOK, GABRIEL
STREET ADDRESS	9200 COLLINS AVE
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	MD
NAME	KOTOK, BRENDA TH
STREET ADDRESS	9200 COLLINS AVE
CITY-ST-ZIP	SURFSIDE, FL 33154
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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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]* *MD.* *3/15/07* *786-4437788*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #