

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90035 002 \*\*\*150.00

**DOCUMENT # P99000028492**

1. Entity Name

EDIA M. MATOS, P.A.



Principal Place of Business

11034 SW 139 CT  
MIAMI, FL 33186

Mailing Address

11034 SW 139 CT  
MIAMI, FL 33186

**54064949**



**DO NOT WRITE IN THIS SPACE**

07192004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0905058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MATOS, EDIA M  
11034 SW 139 CT  
MIAMI, FL 33186

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MATOS, EDIA M
STREET ADDRESS	11034 SW 139 CT
CITY - ST - ZIP	MIAMI, FL 33186
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	

**DO NOT WRITE  
IN THIS SPACE**

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: *X Edia M. Matos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

6/30/04  
Date

796-  
797-3342  
Daytime Phone #

Attachment

54064949

June 30, 2004

Edia M. Matos, P.A.  
11034 SW 139 Court  
Miami, FL 33186  
Document # P99000028492

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 2004 Annual Report

Dear Florida Department of State:

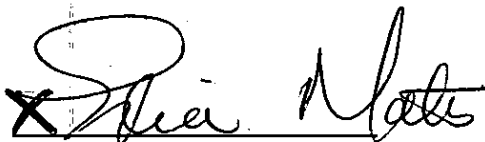
The purpose of this correspondence is to request that you kindly relieve us of the late fees currently placed upon our above referred to organization for the 2004 Annual Report.

We never received the 2004 Annual Report Notice from the Florida Department of State.

Please accept our enclosed check in the amount of one hundred fifty dollars (\$ 150.00) as payment for the 2004 Annual Report and place our organization as current.

We apologize for any inconvenience we have caused and await your response.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Edia M. Matos", is written over a horizontal line. To the left of the signature, there is a small handwritten "X" mark.

Edia M. Matos  
President  
Edia M. Matos, P.A.  
Document # P99000028492

W/attachment – 2004 Annual Report, Document # P99000028492.