2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90310 035 ***150.00

DOCUMENT # S06265

1. Entity Name
MATPETROL, INC.

400047300

04112006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
~~175 FONTAINBLEAU BLVD~~	~~175 FONTAINBLEAU BLVD~~
~~STE. 2-J2A~~	~~STE. 2-J2A~~
~~MIAMI, FL 33172 US~~	~~MIAMI, FL 33172 US~~

2. Principal Place of Business: 8600 NW 53RD Terrace	3. Mailing Address: 8600 NW 53RD Terrace
Suite, Apt. #, etc.: 107	Suite, Apt. #, etc.: 107
City & State: Doral, Florida	City & State: Doral, Florida
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number: 65-0266063 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBY, ROY	Name: Roby, Roy
~~175 FONTAINBLEAU BLVD~~	Street Address (P.O. Box Number is Not Acceptable): 8600 NW 53RD Terrace
~~SUITE 2-J2A~~	suite 107
~~MIAMI, FL 33172~~	City: Doral, FL. FL Zip Code 33166

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] 04/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROBY, ROY		NAME		
STREET ADDRESS	11451 NW 68TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROBY, JERRY		NAME		
STREET ADDRESS	425 HIGH POINT BLVD., APT. C		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 04/10/06 305-392-9143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #