

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-13-2006 90281 042 ***150.00

DOCUMENT # 561778	
1. Entity Name	
MATHESON INTERNATIONAL INVESTMENTS, INC.	

60027683

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1352 S. Killian Drive		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Park, FL		City & State Same	
Zip 33410	Country USA	Zip Same	Country Same

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0262588		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name-- Andrew D Matheson		
	Street Address (P.O. Box Number is Not Acceptable) 1352 S. Killian Drive		
	City Lake Park	FL	Zip Code 33410

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11.			
TITLE	P/S/T/D	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		Andrew D Matheson	1352 S. Killian Drive	CITY-ST-ZIP			
		Lake Park, FL 33410					
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
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TITLE				TITLE			
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-06

Date

(561) 845-5222

Daytime Phone #