


## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # S79953</b> 1. Entity Name <b>MTE-THOMSON INC.</b>	
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Principal Place of Business <b>3215 N.W. 10TH TERRACE          # 211          FORT LAUDERDALE, FL 33309 US</b>	Mailing Address <b>3215 N.W. 10TH TERRACE          # 211          FORT LAUDERDALE, FL 33309 US</b>
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08272007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0282770</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>SANTOS, LUIS          1040 SEMINOLE DRIVE          APT. #1059          FORT LAUDERDALE, FL 33304</b>
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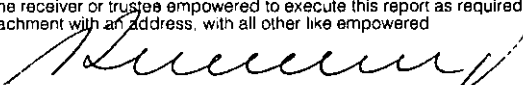
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<div style="text-align: right;"> <b>U000000773112</b>  <b>08/31/07-20001-009 150.00</b>  <small>DATE</small> </div>

<b>FILE NOW!!! FEE IS \$150.00          Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	DE FARIAS, ARTHUR Z
STREET ADDRESS	249 THREE ISLAND BLVD.
CITY-ST-ZIP	HALLANDALE, FL 33309
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	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<div style="display: flex; justify-content: space-between;"> <span><b>ARTHUR DE FARIAS</b></span> <span><b>8/29/07</b></span> <span><b>954 564 5955</b></span> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> <span>Date</span> <span>Daytime Phone #</span> </div>