

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000058023

Entity Name: MATTOS INSURANCE, INC.**Current Principal Place of Business:**569 EAST SAMPLE ROAD
POMPANO BEACH, FL 33064**Current Mailing Address:**569 EAST SAMPLE ROAD
POMPANO BEACH, FL 33064**FEI Number:** 27-0507250**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARBOZA, PRISCILLA
569 E SAMPLE RD
POMPANO BEACH, FL 33064 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|------------------------|
| Title | P |
| Name | BARBOZA, PRISCILLA M |
| Address | 2021 NW 37TH AVE |
| City-State-Zip: | COCONUT CREEK FL 33066 |

| | |
|-----------------|------------------------|
| Title | P |
| Name | FILHO, ANDRE S |
| Address | 2021 NW 37TH AVE |
| City-State-Zip: | COCONUT CREEK FL 33066 |

| | |
|-----------------|------------------------|
| Title | P |
| Name | D SILVA, ANDREA K S |
| Address | 2021 NW 37TH AVE |
| City-State-Zip: | COCONUT CREEK FL 33066 |

| | |
|-----------------|------------------------|
| Title | S |
| Name | WILKEN, JUNIOR |
| Address | 2021 NW 37TH AVE |
| City-State-Zip: | COCONUT CREEK FL 33066 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PRISCILLA BARBOZA**PRESIDENT****01/03/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date