

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000018279

FILED  
Jan 07, 2011  
Secretary of State

Entity Name: MATRIX INSURANCE GROUP, INC.

**Current Principal Place of Business:**

21355 E. DIXIE HWY. #104  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

21355 E. DIXIE HWY. #104  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 65-0993595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MESSINGER, CAROL G  
21355 E. DIXIE HWY. #104  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MESSINGER, CAROL G  
Address: 21355 E DIXIE HIGHWAY #104  
City-St-Zip: AVENTURA, FL 33180

Title: V  
Name: PAPIR, LEO  
Address: 21355 E DIXIE HIGHWAY #104  
City-St-Zip: AVENTURA, FL 33180

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: CAROL G MESSINGER

P

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date