FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90108 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70055123

DOCUMENT # P01000011203

1. Entity Name
MATRIX INC.

Principal Place of Business	Mailing Address
~~3705 ALCANTARA AVE~~ ~~MIAMI, FL 33178~~	3705 ALCANTARA AVE MIAMI, FL 33178

2. Principal Place of Business	3. Mailing Address
5571 SW 1ST ST	9737 NW 41ST ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 339
City & State CORAL GABLES, FL	City & State MIAMI, FL
Zip 33134 Country DADE	Zip 33178 Country DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2293265 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, LILLIAM L
~~5946 NORTHWEST 103RD AVENUE~~
~~MIAMI, FL 33178~~

7. Name and Address of New Registered Agent

Name BAKER, LILLIAN L

Street Address (P.O. Box Number is Not Acceptable)
5571 SW 1ST STREET

City MIAMI FL Zip Code 33134

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]
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 P NAME BAKER, LILLIAN STREET ADDRESS 3705 ALCANTARA AVE CITY-ST-ZIP MIAMI, FL 33178	☐ Delete	TITLE NAME BAKER, LILLIAN STREET ADDRESS 5571 SW 1ST STREET CITY-ST-ZIP CORAL GABLES, FL, 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #