


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90408 015 ***150.00

DOCUMENT # P01000122176

1. Entity Name
MATRIX INTEGRATED SYSTEMS INC.



Principal Place of Business Mailing Address
2840 SW 81 WAY **2840 SW 81 WAY**
DAVIE, FL 33324 **DAVIE, FL 33324**

50008500

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. *N* Suite, Apt. #, etc. *N*

City & State *A* City & State *A*

Zip Country Zip Country



03292006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
01-0707689 Not Applicable

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

6. Name and Address of Current Registered Agent

GRILLO, GREG D
2840 SW 81 WAY
FORT LAUDERDALE, FL 33328

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) *N* _____

City *A* _____ **FL** Zip Code _____

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 *N/A* _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRILLO, GREG D	
STREET ADDRESS	2840 SW 81 WAY	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRILLO, TONI L	
STREET ADDRESS	2840 SW 81 WAY	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRILLO, SALVATORE SR.	
STREET ADDRESS	1000 SW 110 TERR	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *GREG GRILLO* Date: *03-28-06* Daytime Phone #: *954 224 4295*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR