

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90172 024 ***150.00

DOCUMENT # *P01000122176*

1. Entity Name

MATRIX INTEGRATED SYSTEMS INC.



DO NOT WRITE IN THIS SPACE

90032327

2. Principal Place of Business

2840 SW 81 WAY

3. Mailing Address

2840 SW 81 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE

City & State

DAVIE

4. FEI Number

01-0707689

Applied For

Not Applicable

Zip

FL

Country

USA

Zip

FL

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *GREG GRILLO*

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

2840 SW 81 WAY

City *DAVIE, FL*

FL

Zip Code *33328*

**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 *GREG GRILLO*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-08-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT GREG GRILLO 2840 SW 81 WAY, DAVIE, FL 33328

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DIRECTOR TONI CONSALVO 2840 SW 81 WAY, DAVIE, FL 33328

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DIRECTOR SALVATORE GRILLO SR. 33345 339 CORAL TRACE LANE, DELRAY BEACH, FL

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *GREG GRILLO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-03

Date

9542244295

Daytime Phone #

CR2E034B (12/02)