

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000018279

Entity Name: MATRIX INSURANCE GROUP, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 65-0993595

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAPIR, LEO
21355 E. DIXIE HWY. #104
AVENTURA, FL 33180 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 PRESIDENT
Name PAPIR, LEO
Address 21355 E. DIXIE HWY. #104
City-State-Zip: AVENTURA FL 33180

Title VP
Name PAPIR, BRIAN C
Address 21355 E. DIXIE HWY. #104
City-State-Zip: AVENTURA FL 33180

Title SECRETARY
Name PAPIR, ALAN S
Address 21355 E. DIXIE HWY. #104
City-State-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: LEO PAPIR

PRESIDENT

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date