

**2019 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

PRES

02/10/2019

Electronic Signature of Signing Officer/Director Detail

Date