2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# F03000000455

Entity Name: MATRIX TRADING INC.

Current Principal Place of Business:

950 SOUTH PINE ISLAND ROAD
SUITE A 150 101
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

950 SOUTH PINE ISLAND ROAD
SUITE A 150-101
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 06-1672800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BELL, CRAIG G D
950 SOUTH PINE ISLAND ROAD
SUITE A150-101
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SERVITJE, ROBERTO A	
Address:	950 SOUTH PINE ISLAND ROAD SUITE A 150 101	
City-St-Zip:	PLANTATION, FL 33324	
Title:	D	( ) Delete
Name:	AVALOS, JOSE B	
Address:	950 SOUTH PINE ISLAND ROAD SUITE A 150 101	
City-St-Zip:	PLANTATION, FL 33324	
Title:	D	( ) Delete
Name:	ANTUNANO, MARCELO D	
Address:	950 SOUTH PINE ISLAND ROAD SUITE A 150 101	
City-St-Zip:	PLANTATION, FL 33324	
Title:	AS	( ) Delete
Name:	ZARIN, DONALD	
Address:	1775 I STREET NW	
City-St-Zip:	WASHINGTON, DC 20010	
Title:	D	( ) Delete
Name:	MARCHINI L, JAMIE	
Address:	950 SOUTH PINE ISLAND ROAD SUITE A 150 101	
City-St-Zip:	PLANTATION, FL 33324	
Title:	D	( ) Delete
Name:	BELL, CRAIG G	
Address:	950 SOUTH PINE ISLAND ROAD SUITE A 150 101	
City-St-Zip:	PLANTATION, FL 33324	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERTO SERVITJE D 01/11/2008
Electronic Signature of Signing Officer or Director — Date