2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083081

FILED Apr 23, 2004 Secretary of State

Entity Name: T-MATRIX GROUP, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
SUITE 304	LA AVENUE ABLES, FL 331	34			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
6740 ROYA MIAMI, FL	AL PALM DRIV 33157	E			
FEI Number:	65-1042173	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
FERNANDEZ, SONIA L 250 BIRD ROAD STE 206 CORAL GABLES, FL 33146 US			6740 ROYAL PALM DR	FERNANDEZ, SONIA L 6740 ROYAL PALM DRIVE MIAMI, FL 33157 US	
The above in the State		ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/23/2004	
Election Cam		c Signature of Registered Age Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VST () FERNANDEZ, S 6740 ROYAL PA MIAMI, FL 3315	ALM DR.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	V () TRAVIESO, RUE 2219 SW 57TH CORAL GABLES	AVENUE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	P () FERNANDEZ, L 6740 ROYAL PA MIAMI, FL 3315	ALM DRIVE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	V () CASTRO, CARL 14 NE 109ST	Delete OS	Title: (Name: Address:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: SONIA L. FERNANDEZ PRES 04/23/2004

MIAMI SHORES, FL 33161

City-St-Zip: