


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90020 027 ***150.00

| | | |
|--|--|---|
| DOCUMENT # P00000083081 | |  |
| 1. Entity Name T-MATRIX GROUP, INC. | | |

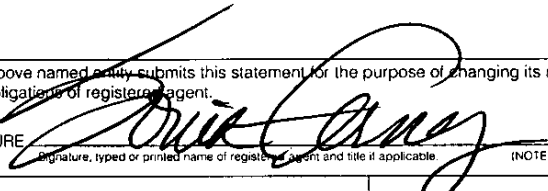
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|--|---|
| Principal Place of Business 300 SEVILLA AVENUE SUITE 304 CORAL GABLES, FL 33134 | Mailing Address 6740 ROYAL PALM DRIVE MIAMI, FL 33157 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 250 CATALONIA AVE Suite, Apt. #, etc. Suite 404 | 3. Mailing Address Suite, Apt. #, etc. |
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|----------------------------------|----------------|
| City & State Coral Gables, FL | City & State |
| Zip 33134 | Country USA |

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|---|--|
| 6. Name and Address of Current Registered Agent FERNANDEZ, SONIA L 6740 ROYAL PALM DRIVE MIAMI, FL 33157 | |
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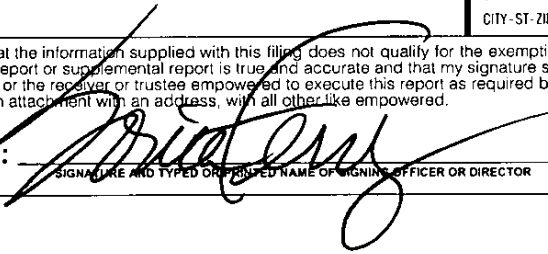
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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| 8. The above named entity submits this statement for the purpose of changing 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:  DATE: 3/12/07 (NOTE: Registered Agent signature required when reinstating) | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VST FERNANDEZ, SONIA 6740 ROYAL PALM DR. MIAMI, FL 33157 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P FERNANDEZ, LAZARO A 6740 ROYAL PALM DRIVE MIAMI, FL 33157 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | |
| SIGNATURE:  | Date: 3/12/07 Daytime Phone #: 305-448-2012 |

40036140



02132007 Chg-P CR2E034 (12/06)

4. FEI Number
65-1042173

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required