## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 13, 2004 8:00 am Secretary of State **DOCUMENT # P00000095172** 1. Entity Name 04-13-2004 90034 029 \*\*\*150.00 MATRIX.COM, INC. Principal Place of Business Mailing Address 8411 NW 74TH ST. 8411 NW 74TH ST. MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 8455 NW 74th Street 3. Mailing Address 8455 NW 74th. Street Suite, Apt. #, etc. Suite, Apt. #, etc. 04022004 Chg-P CR2E034 (10/03) City & State MIAMI, FLORIDA City & State MIAMI, FLORIDA 4. FEI Number Applied For 65-1041832 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired DADE 33166 DADE 33166 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, HAMLET Street Address (P.O. Box Number is Not Acceptable) 8411 NW 74TH ST. MIAMI, FL 33166 8455 NW 74th. Street Zip Code 33166 MIAMI 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change ■ Addition TITLE MA RODRIGUEZ, HAMLET NAME 6900 MENTONE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33146 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition PALAZUELOS, GUSTAVO NAME NAME 8455 NW 74th Street 8411 N.W. 74TH ST. STREET ADDRESS STREET ADDRESS Miami, F1. 33166 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33166 Change ☐ Addition ☐ Delete TITLE ШΕ BIDABEHERE, CARLOS NAME NAME STREET ADDRESS 8411 N.W. 74TH ST. STREET ADDRESS 8455 NW 74th Street CITY-ST-ZIP MIAMI, FL 33166 - --CITY-ST-ZIP Miami, F1. 33166 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 5 32 1 CITY-ST-ZIP CITY-ST-7IP Addition ШЕ ☐ Delete ШE ☐ Change والمرازي والمرازيين NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify 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 material ray 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. *7*2. SIGNATURE: HAMLET RODRIGUEZ APRIL 05/04 (305) 640-0336 SIGNATURE AND TYPED OR PRINTED NAME OF Daytime Phone # ICER OR DIREC

FILED