

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000095172

1. Entity Name
MATRIX.COM, INC.



Principal Place of Business

8455 NW 74TH ST.
MIAMI, FL 33166

Mailing Address

8455 NW 74TH ST.
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1041832

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, HAMLET
8455 NW 74TH ST.
MIAMI, FL 33166

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

4/20/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000525678
05/04/06-80043-010 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RODRIGUEZ, HAMLET
STREET ADDRESS 6900 MENTONE STREET
CITY-ST-ZIP MIAMI, FL 33148

TITLE V
NAME PALAZUELOS, GUSTAVO
STREET ADDRESS 8455 NW 74TH ST.
CITY-ST-ZIP MIAMI, FL 33166

TITLE S
NAME BIDABEHRE, CARLOS
STREET ADDRESS 8455 NW 74TH ST.
CITY-ST-ZIP MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hamlet Rodriguez

4/24/06

305 468-9066

Date

Daytime Phone #