

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041232

FILED
Apr 29, 2004
Secretary of State

Entity Name: MATRIX BUSINESS ALLIANCE, INC.

Current Principal Place of Business:

3506 MOON BAY CIRCLE
WELLINGTON, FL 33414 PB

New Principal Place of Business:

7165 LAKE WORTH ROAD
LAKE WORTH, FL 33467 PB

Current Mailing Address:

3506 MOON BAY CIRCLE
WELLINGTON, FL 33414 PB

New Mailing Address:

7165 LAKE WORTH ROAD
LAKE WORTH, FL 33467 PB

FEI Number: 65-1108880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORIE, ARIEL
3506 MOON BAY CIRCLE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

LORIE, ARIEL
7165 LAKE WORTH ROAD
LAKE WORTH, FL 33467 US

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: ARIEL LORIE

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LORIE, ARIEL
Address: 3506 MOON BAY CIRCLE
City-St-Zip: WELLINGTON, FL 33414 PB

Title: T () Delete
Name: LORIE, BEATRIZ E
Address: 3506 MOON BAY CIRCLE
City-St-Zip: WELLINGTON, FL 33414 PB

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LORIE, ARIEL
Address: 7165 LAKE WORTH ROAD
City-St-Zip: LAKE WORTH, FL 33467 PB

Title: T (X) Change () Addition
Name: LORIE, BEATRIZ E
Address: 7165 LAKE WORTH ROAD
City-St-Zip: LAKE WORTH, FL 33467 PB

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.

SIGNATURE: ARIEL LORIE

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date