

**FOR PROFIT CORPORATION~
UNIFORM BUSINESS REPORT (UBR)**

FILED

2007 MAY 31 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000520357	
1. Entity Name MATRIX PERFORMANCE & ACCESSORIES, INC.	

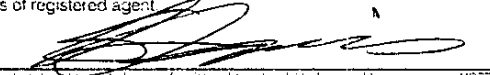
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3056 S. STATE RD 7	3. Mailing Address 3056 S. STATE RD 7
Suite, Apt. #, etc. #64	Suite, Apt. #, etc. #64
City & State MIRAMAR, FL	City & State MIRAMAR, FL
Zip 33023	Country BROWARD

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-1110835	Applied For ☐
	Not Applicable	
	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent	
	Name LLOYD DAVIS	
Street Address (P.O. Box Number is Not Acceptable) 3056 S. STATE RD 7		
City MIRAMAR FL Zip Code 33023		

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.

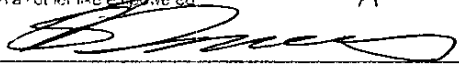
SIGNATURE 

Signature, typed or printed name of registered agent and date if applicable. (NOT: Registered Agent's name required when not applicable) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State.	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER/MANAGER LLOYD DAVIS 3056 S. STATE RD 7 MIRAMAR, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100104111701 06/08/07--01018--006 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034B (12/02)

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