2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000099849

1. Entity Name
MATRIX TECHNOLOGIES AND SERVICES, INC.

Principal Place of Business	Mailing Address
14691 S.W. 33 CT. MIRAMAR, FL 33027	14691 S.W. 33 CT. MIRAMAR, FL 33027

DO NOT WRITE IN THIS SPACE

04142007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
02-0534608	Not Applicable

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

6. Name and Address of Current Registered Agent

NGUYEN, KHANH T
14691 S.W. 33 CT.
MIRAMAR, FL 33027

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 4/13/07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000709010
04/24/07-80098-004 150.00

10.	OFFICERS AND DIRECTORS		
TITLE	TS		
NAME	LE, QUOC-DZUNG V		
STREET ADDRESS	14691 S.W. 133 CT.		
CITY-ST-ZIP	MIRAMAR, FL 33027		
TITLE	P		
NAME	NGUYEN, KHANH T		
STREET ADDRESS	14691 S.W. 133 CT.		
CITY-ST-ZIP	MIRAMAR, FL 33027		
TITLE	M		
NAME	NGUYEN, HENRY		
STREET ADDRESS	2651 MONROE ST		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

DO NOT WRITE 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

Date 4/13/07   Daytime Phone # 786-514-0699