
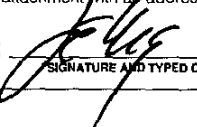


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90069 015 \*\*\*150.00

<b>DOCUMENT # P03000010797</b> 1. Entity Name <b>MATRIX INVESTMENT GROUP, INC.</b>					
Principal Place of Business <b>1030 SW 87 AVE #A7 MIAMI, FL 33174</b>			Mailing Address <b>1030 SW 87 AVE #A7 MIAMI, FL 33174</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 440911</b>  Suite, Apt. #, etc.			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>42-1574249</b>	
Zip <b>33144</b>		Country <b>MIAMI-NADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARCE, JOSE E 9020 SW 56 TERR MIAMI, FL 33173</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>DIRECTOR</b> NAME <b>DANIEL O. ORDONEZ</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>1030 SW 87 QUE #A7</b> CITY-ST-ZIP <b>MIAMI, FL. 33174</b>	TITLE <b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>JUAN MANUEL ORDONEZ</b> STREET ADDRESS <b>120 NW 47 ST, Fort Lauderdale, FL.</b> CITY-ST-ZIP <b>33309</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing 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 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:  <b>JOSE E. ARCE</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>1-300K (305-274-3502)</b> Date Daytime Phone #		