

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90053 034 ***150.00

DOCUMENT # P03000080852 1. Entity Name MATRIS LEARNING CENTERS, INC.					
Principal Place of Business 2856 CURRY FORD RD ORLANDO, FL 32806			Mailing Address 2856 CURRY FORD RD ORLANDO, FL 32806		
2. Principal Place of Business 2856 Curry Ford Rd Suite, Apt. #, etc.		3. Mailing Address ← Same Suite, Apt. #, etc.			
City & State Orlando FL		City & State _____		4. FEI Number 200108554	
Zip 32806		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Mia Fiorucci 1815 Palmetto Pine Ln Orlando FL 32826			7. Name and Address of New Registered Agent Name Mia Fiorucci Street Address (P.O. Box Number is Not Acceptable) 1815 Palmetto Pine Ln. Orlando City FL Zip Code 32826		
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 <u>Mia Fiorucci</u> DATE <u>03/10/04</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete FIORUCCI, MIA 1815 PALMETTO PINE LN ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete Secretary Sergio Solares 9906 Liberia Ave Manassas Va 20110		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19 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: <u>Mia Fiorucci, Pres</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>03/10/04</u>		Daytime Phone # <u>(407) 681-3811</u>