

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/71

FILED
Jun 04, 2004 8:00 am
Secretary of State

05-07-2004 90117 031 ***150.00

66426438



04302004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000094467					
1. Entity Name MATRIX CAPITAL MANAGEMENT, INC.					
Principal Place of Business 5100 N. FEDERAL HIGHWAY SUITE 409 FT. LAUDERDALE, FL 33308			Mailing Address 5100 N. FEDERAL HIGHWAY SUITE 409 FT. LAUDERDALE, FL 33308		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 605-0739429				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEGAL, LARRY 5100 N. FEDERAL HIGHWAY SUITE 409 FT. LAUDERDALE, FL 33308			Name LEGAL, LARRY Street Address (P.O. Box Number is Not Acceptable) 800 W. CYPRESS CREEK RD. SUITE 470 City FORT LAUDERDALE FL Zip Code 33309		
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>Larry Legal LARRY LEGAL</u> DATE <u>4/30/04</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 WESKE, JOSEPH 5100 N. FEDERAL HIGHWAY #409 FT. LAUDERDALE, FL 33308 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.S. WESKE, JOSEPH 800 W. CYPRESS CREEK RD., #470 FORT LAUDERDALE, FL 33309 ☒ 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	
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 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: <u>Larry Legal LARRY LEGAL</u> DATE <u>4/30/04</u> 954 4938900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					