


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90219 021 \*\*\*150.00

<b>DOCUMENT # P03000094467</b>	
1. Entity Name <b>MATRIX CAPITAL MANAGEMENT, INC.</b>	

Principal Place of Business <b>5100 N. FEDERAL HIGHWAY SUITE 409 FT. LAUDERDALE, FL 33308</b>	Mailing Address <b>5100 N. FEDERAL HIGHWAY SUITE 409 FT. LAUDERDALE, FL 33308</b>
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**40063630**

2. Principal Place of Business <b>800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 470 City &amp; State FORT LAUDERDALE, FL Zip 33309</b>	3. Mailing Address <b>800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 470 City &amp; State FORT LAUDERDALE, FL Zip 33309</b>
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04152005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0739429</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>LEGEL, LARRY 5100 N. FEDERAL HIGHWAY SUITE 409 FT. LAUDERDALE, FL 33308</b>		
7. Name and Address of New Registered Agent Name <b>LEGEL, LARRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 W. CYPRESS CREEK RD. SUITE 470 City FORT LAUDERDALE FL Zip Code 33309</b>		

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 Larry Legel LARRY LEGEL DATE 4-16-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS WIESKE, JOSEPH 800 W CYPRESS CREEK RD # 470 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: Joseph Wieske DATE 4/16/5 OBYLINE PHONE # 954 4938900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR