

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90774 039 ***150.00

DOCUMENT # P03000095053					
1. Entity Name MATRIX GOLF, INC.					
Principal Place of Business 12553 WOODMILL DRIVE PALM BEACH GARDENS, FL 33418			Mailing Address 12553 WOODMILL DRIVE PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business 4521 PGA BLVD		3. Mailing Address PO Box 30098			
Suite, Apt. #, etc. 319		Suite, Apt. #, etc.		04302004 Chg-P CR2E034 (10/03)	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS FL		4. FEI Number 20-0183672	
Zip 33418		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALLAMO, JAMES A 12553 WOODMILL DRIVE PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BLVD # 319 City Palm Beach Gardens FL Zip Code 33418		
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>James A. Mallamo</u> <u>JAMES A. MALLAMO</u> <u>04-30-04</u> President DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MALLAMO, JAMES A 12553 WOODMILL DRIVE PALM BEACH GARDENS, FL 33418				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DPST MALLAMO, JAMES A 4521 PGA BLVD # 319 PALM BEACH GARDENS, FL 33420				
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>James A. Mallamo</u> <u>JAMES A. MALLAMO</u> <u>04-30-04</u> <u>561-2364212</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					