


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90031 028 ***150.00

DOCUMENT # P04000025233		
1. Entity Name P B MATRIX INTERNATIONAL, INC.		

Principal Place of Business 13736 SW 84TH STREET MIAMI, FL 33183	Mailing Address 13736 SW 84TH STREET MIAMI, FL 33183
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60046123



08012008 Chg-P CR2E034 (12/06)

4. FEI Number 45-0534824	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent	
CAMELO, JUAN C 8760 SOUTHWEST 133RD AVENUE ROAD SUITE 305 MIAMI, FL 33183	

7. Name and Address of New Registered Agent	
Name LEONARDO VALLEJOS	
Street Address (P.O. Box Number is Not Acceptable) 10105 SW 141 COURT	
MIAMI, FL	
City	Zip Code 33186

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 	DATE 7-30-2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLEJOS, LEONARDO C 14258 SW 101 LN MIAMI, FL 33186 <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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	
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SIGNATURE: 	DATE 7-30-2008	DAYTIME PHONE # 305 385 7604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE	DAYTIME PHONE #