

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90014 016 ***150.00

DOCUMENT # P06000070379

1. Entity Name
MATRIX MONUMENTAL MARKETING, INC



Principal Place of Business
**1127 S PATRICK DRIVE
SUITE #17
SATELLITE BEACH, FL 32937 US**

Mailing Address
**1127 S PATRICK DRIVE
SUITE #17
SATELLITE BEACH, FL 32937 US**

40044035



2. Principal Place of Business - No P.O. Box #
596 C. SHERWOOD ST
Suite, Apt. #, etc.

3. Mailing Address
596 C. SHERWOOD ST
Suite, Apt. #, etc.

03222007 Chg-P CR2E034 (12/06)

City & State
SATELLITE BEACH

City & State
SATELLITE BEACH FL.

4. FEI Number
20-4894664

Applied For
Not Applicable

Zip
32937-FL Country
USA

Zip
32937 Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DICK MULLER, INC
1127 S PATRICK DRIVE
SUITE #3
SATELLITE BEACH, FL 32937**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTIA, AJAY 1127 S. PATRICK DRIVE SUITE #17 SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VILLAROSE, APRIL M 1127 S. PATRICK DRIVE #17 SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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.

SIGNATURE: April M. Villarose **APRIL VILLAROSE** VP/CO - 3-21-07 4920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

321-779