2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000140922

1. Entity Name

SIGNATURE: ≤

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COMATRIX SERVICES GROUP, INC.



FILED Feb 01, 2007 8:00 am Secretary of State

02-01-2007 90023 045 ***150.00

Daytune Phone #

Date

						COD 61 15					
Principal Place of Business				Mailing Address							
1321 NW 65TH PLACE UNIT 2 FT LAUDERDALE FL 33309				1321 NW 65TH PLACE UNIT 2 FT LAUDERDALE FL 33309							
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				1st MOORE CR2E034 (10/06)			
City & State			City	City & State			4. FEI Numb	4. FEI Number 205870812 Applied For Not Applicable			
Zip					Counti	У	5. Certificate of Status Desired				
	and Address of Curren	ed Agent		N	7. Name and	Address of New	Registered A	gent			
PACHELLI, MICHAEL						Name					
1321 NW 65TH PLACE UNIT 2 FT LAUDERDALE FL 33309						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Cod	de
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.											
the obligations of registered agent.											
SIGNATURE											
Signature, typed or printed harve at registered agent and rule if annivehole (NOTE Registered Agent signature required when remistating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								9. Election Cam Trust Fund Co			.00 May Be ded to Fees
10. OFFICERS AND DIRI				RECTORS 11.			ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this roport 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.											