

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148353

FILED
Apr 28, 2009
Secretary of State

Entity Name: US MATRIX TELECOMMUNICATIONS, INC.

Current Principal Place of Business:

3428 CORAL SPRINGS DRIVE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3428 CORAL SPRINGS DRIVE
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 84-1719868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACERDA, EBER L
3428 CORAL SPRINGS DRIVE
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LACERDA, EBER L
Address: AV. GOV IRINEU BORNHAUSEN 3770, APT. 1003B
City-St-Zip: FLORIANOPOLIS, SC 88025201 BR

Title: VD () Delete
Name: MAIOR, BILLY S
Address: ROD. AMARO ANTONIO VIEIRA, 2797, APT. 603A
City-St-Zip: FLORIANOPOLIS, SC 88034101 BR

Title: S () Delete
Name: CASTILLO, CARLOS G
Address: 2902 IDELL STREET
City-St-Zip: LOS ANGELES, CA 90065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LACERDA, EBER L
Address: 3428 CORAL SPRINGS DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EBER LACERDA

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date