

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000042803

**FILED**  
**Oct 28, 2009**  
**Secretary of State**

**Entity Name:** MATRIX EMPLOYEE LEASING #3, INC.

**Current Principal Place of Business:**

9016 PHILIPS HWY.  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

138 LIGE BRANCH LANE  
ST. JOHNS, FL 32259

**Current Mailing Address:**

9016 PHILIPS HWY.  
JACKSONVILLE, FL 32256

**New Mailing Address:**

138 LIGE BRANCH LANE  
ST. JOHNS, FL 32259

**FEI Number:** 61-1560742

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PINCKET, BRIAN  
9016 PHILIPS HWY.  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

PEREZ, RAFAEL J  
138 LIGE BRANCH LANE  
ST. JOHNS, FL 32259 US

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: RAFAEL J. PEREZ

10/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: SPADAFORA, JEFFREY L  
Address: 9016 PHILIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DVPT (X) Delete  
Name: PEREZ, WILLIAM L  
Address: 9016 PHILIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32256 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: PEREZ, RAFAEL J  
Address: 138 LIGE BRANCH LANE  
City-St-Zip: ST. JOHNS, FL 32259 US

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: RAFAEL J. PEREZ

P

10/28/2009

Electronic Signature of Signing Officer or Director

Date