





# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90090 032 \*\*\*158.75

<b>DOCUMENT # P97000038249</b> 1. Entity Name <b>MATRIX BUILDERS INC.</b>					
Principal Place of Business 111 SOUTH 21ST AVE. HOLLYWOOD, FL 33023 US			Mailing Address 111 SOUTH 21ST AVE. HOLLYWOOD, FL 33023		
2. Principal Place of Business <b>111 South 21st Av</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>40031586</b> 	
City & State <b>Hollywood FL</b>		City & State		4. FEI Number <b>65-0748112</b>	
Zip <b>33020</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DOUGNAC, CARLOS</b> <b>111 SOUTH 21ST AVE.</b> <b>HOLLYWOOD, FL 33023</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">             SIGNATURE         </div> <div style="text-align: center;"> <b>CARLOS DOGNAC PD</b>            (NOTE: Registered Agent signature required when reinstating)         </div> <div style="text-align: center;"> <b>03/06/06</b>            DATE         </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DOUGNAC, CARLOS</b> <input type="checkbox"/> Delete <b>111 SOUTH 21ST AVE</b> <b>HOLLYWOOD, FL 33023</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DOUGNAC, CARLOS</b> <b>111 SOUTH 21ST AVE</b> <b>Hollywood, FL 33020</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>DOUGNAC, MANUEL</b> <b>111 SOUTH 21ST AVE</b> <b>HOLLYWOOD, FL 33020</b>		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	
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	
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	
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.					
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">             SIGNATURE:         </div> <div style="text-align: center;"> <b>CARLOS DOGNAC PD</b>            SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR         </div> <div style="text-align: center;"> <b>03/06/06 954-927 3759</b>            Date Daytime Phone #         </div> </div>					