

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000038976

Entity Name: MATRIX EDUCATIONAL CENTER, INC.**Current Principal Place of Business:**3241 OLD WINTER GARDEN ROAD
SUITE 27
ORLANDO, FL 32805**Current Mailing Address:**3241 OLD WINTER GARDEN ROAD
SUITE 27
ORLANDO, FL 32805 US**FEI Number:** 59-3722803**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DECIMUS, NICOLAS D
2698 SILVER HILLS DR
2
ORLANDO, FL 32818 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	DECIMUS, NICOLAS D
Address	P.O.BOX 585292
City-State-Zip:	ORLANDO FL 32858

Title	SECRETARY
Name	DEIS, ISABELLA N
Address	3241 OLD WINTER GARDEN RD. SUITE 27
City-State-Zip:	ORLANDO FL 32805

Title	SECRETARY
Name	DECIMUS, NEILA A
Address	3241 OLD WINTER GARDEN RD. SUITE 27
City-State-Zip:	ORLANDO FL 32805

Title	VP
Name	DECIMUS, BRITTNEY N
Address	3241 OLD WINTER GARDEN RD. SUITE 27
City-State-Zip:	ORLANDO FL 32808

Title	TREASURER
Name	RIBBON, MARCUS A
Address	3241 OLD GARDEN RD. SUITE 27
City-State-Zip:	ORLANDO FL 32805

I hereby 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 all other like empowered.

SIGNATURE: NICOLAS D. DECIMUS**PRESIDENT****02/22/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date