

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90035 009 ***158.75

DOCUMENT # F03000005784	
1. Entity Name INTERMAT, INC.	

Principal Place of Business CORP. OFFICE PARK-CORTEC BLDG. ROAD #20 LOT 36 SUITE 303 KM. 2.2 GUAYNABO, PR 00966	Mailing Address P.O. BOX 3901 GUAYNABO, PR 00970-3901
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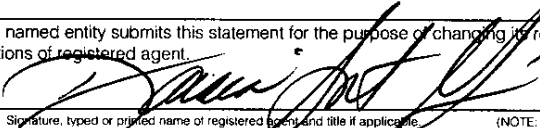
2. Principal Place of Business Ave. Jesús T. Piñero Suite, Apt. #, etc. #1755, Urb. Summit Hills, San Juan P.R.	3. Mailing Address Suite, Apt. #, etc. City & State Zip 00920
Country USA	Country

01232006 Chg-P CR2E034 (11/05)

4. FEI Number 66-0498734	Applied For ☐ Not Applicable
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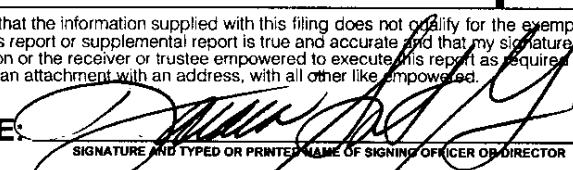
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VILLAS, CARMEN 944 SW 149 WAY SUNRISE, FL 33326	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. SIGNATURE  DATE 1/23/06	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST SOTO, DAIANA CPST CORP. OFFICE PARK-CORTEC SUITE 303 RD #20 GUAYNABO, PR 00966 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ave. Piñero #1755 Urb. Summit Hills San Juan, P.R. 00920 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VILLAS, CARMEN MRS P O BOX 226542 WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.	
SIGNATURE: 	1/23/06 787-783-7871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #