

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005069

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: SMARTMATIC CORPORATION

## Current Principal Place of Business:

6400 CONGRESS AVE  
STE 1300  
BOCA RATON, FL 33487

## New Principal Place of Business:

1001 BROKEN SOUND PARKWAY NW  
STE D  
BOCA RATON, FL 33487

## Current Mailing Address:

6400 CONGRESS AVE  
STE 1300  
BOCA RATON, FL 33487

## New Mailing Address:

1001 BROKEN SOUND PARKWAY NW  
STE D  
BOCA RATON, FL 33487

FEI Number: 52-2243719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANZOLA, ALFREDO  
6400 CONGRESS AVE  
STE 1300  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

ANZOLA, ALFREDO  
1001 BROKEN SOUND PARKWAY NW  
STE D  
BOCA RATON, FL 33487 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:

06/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MUGICA, ANTONIO  
Address: 19591 DINNER KEY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: VSTD ( ) Delete  
Name: ANZOLA, ALFREDO  
Address: 19591 DINNER KEY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: CD ( ) Delete  
Name: MUGICA RIVERO, ANTONIO  
Address: 19591 DINNER KEY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete  
Name: PINATE, ROGER  
Address: 19591 DINNER KEY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete  
Name: MUGICA SESMA, ANTONIO  
Address: 19591 DINNER KEY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: CON ( ) Change (X) Addition  
Name: FELIU, LUIS  
Address: 339 COTTONWOOD LN  
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LUIS FELIU

CON

06/30/2005

Electronic Signature of Signing Officer or Director

Date