

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005069

FILED
Feb 20, 2009
Secretary of State

Entity Name: SMARTMATIC CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 52-2243719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: MUGICA, 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: MASSA, JORGE
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: D (X) Change () Addition
Name: MUGICA, ANTONIO
Address: 1001 BROKEN SOUND PARKWAY NW, STE D
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Change () Addition
Name: PINATE, ROGER
Address: 1001 BROKEN SOUND PARKWAY NW, STE D
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Change () Addition
Name: MASSA, JORGE
Address: 1001 BROKEN SOUND PARKWAY NW, STE D
City-St-Zip: BOCA RATON, FL 33487

Title: D () Change (X) Addition
Name: MUGICA, PEDRO P
Address: 1001 BROKEN SOUND PARKWAY NW, STE D
City-St-Zip: BOCA RATON, FL 33487

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: PEDRO MUGICA

D

02/20/2009

Electronic Signature of Signing Officer or Director

_____ Date