

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002926

**FILED  
Mar 07, 2016  
Secretary of State  
CC2599092598**

**Entity Name:** SMARTMATIC USA CORP.

**Current Principal Place of Business:**

1001 BROKEN SOUND PARKWAY, SUITE D  
BOCA RATON, FL 33487

**Current Mailing Address:**

1001 BROKEN SOUND PARKWAY, SUITE D  
BOCA RATON, FL 33487

**FEI Number:** 45-4736528

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MUGICA, PEDRO  
1001 BROKEN SOUND PARKWAY, SUITE 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                       |                 |                                       |
|-----------------|---------------------------------------|-----------------|---------------------------------------|
| Title           | D                                     | Title           | DST                                   |
| Name            | MUGICA, PEDRO P                       | Name            | SANDOVAL, NICOLAS                     |
| Address         | 1001 BROKEN SOUND PARKWAY,<br>SUITE D | Address         | 1001 BROKEN SOUND PARKWAY,<br>SUITE D |
| City-State-Zip: | BOCA RATON FL 33487                   | City-State-Zip: | BOCA RATON FL 33487                   |

*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:** PEDRO MUGICA

**DIRECTOR**

**03/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date