

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # 330049

1. Entity Name
EROGOL CORP.



Principal Place of Business

**1609 WEST AVE
MIAMI BEACH, FL 33139**

Mailing Address

**1600 WEST AVE # 405
MIAMI BEACH, FL 33139**

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-1213913

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

5. Name and Address of Current Registered Agent

**GUMPEL, SHARON
3318 OTTAWA LANE
HOLLYWOOD, FL 33026**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUMPEL, SHARON
STREET ADDRESS	3318 OTTAWA LANE
CITY - ST - ZIP	COOPER CITY, FL
TITLE	SD
NAME	EPSTEIN, ROBIN
STREET ADDRESS	3267 NE 168TH ST.
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Sharon Gumpel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05

Date

305.531-1177

Daytime Phone #