2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 330049

1. Entity Name
EROGOL CORP.

Principal Place of Business	Mailing Address
1600 WEST AVE MIAMI BEACH, FL 33139	1600 WEST AVE MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

01172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1213913	Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUMPEL, SHARON
3318 OTTAWA LANE
HOLLYWOOD, FL 33026

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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, 2006 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000444538
03/07/06-80006-020 158.75

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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: *Sharon Gumpel* Sharon Gumpel 2/21/06 305 531-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #