

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90183 018 ***150.00

DOCUMENT # 414043

1. Entity Name

OSMAT CORPORATION



Principal Place of Business

**250 CATALONIA AVE
SUITE 400
CORAL GABLES FL 33134**

Mailing Address

**250 CATALONIA AVE
SUITE 400
CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-1433710

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATOS, ADALBERTO
4320 SW 7TH ST.
MIAMI FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TILE ☐ Delete
NAME **MATOS, ADALBERTO**
STREET ADDRESS **4320 S.W. 7ST**
CITY-ST-ZIP **MIAMI FL**

TILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

S ☒ Delete
NAME **MATO, JUANA**
STREET ADDRESS **4320 SW 7ST**
CITY-ST-ZIP **MIAMI FL**

TILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TILE ☐ Change ☒ Addition
NAME **Secretary VLT**
STREET ADDRESS **Maria Soberon**
CITY-ST-ZIP **1244 SW 14ST
MIAMI FL 33145**

TILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TILE ☐ Change ☒ Addition
NAME **SUIT**
STREET ADDRESS **Maribel Roig**
CITY-ST-ZIP **4320 SW 7ST
MIAMI FL 33134**

TILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Adalberto Matos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Date

786 380 2871

Daytime Phone #