2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State
01-27-2005 90047 017 ***158.75

DOCUMENT # P02000077526

1. Entity Name
PROMATI, INC.

40007483

Principal Place of Business	Mailing Address
8390 NW 68 ST. MIAMI, FL 33166	8390 NW 68 ST. PMB # 242 MIAMI, FL 33166

01222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6366 NW 82 Avenue	6366 NW 82 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33166 Country	Zip: 33166 Country

4. FEI Number: 76-0709565 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MUSIET, PAUL
8390 NW 68 ST.
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name: PAUL MUSIET

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

6366 NW 82 Avenue

City: Miami FL Zip Code: 33166

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: X [signature] 1/22/05
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MUSIET, PAUL 16823 SW 149 AVE. MIAMI, FL 33187	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MUSIET, RICARDO 16823 S.W. 149 AVE. MIAMI, FL 33187	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MUSIET, MARIA D 16823 S.W.149 AVE. MIAMI, FL 33187	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MUSIET, MONICA 14711 S.W. 150 STREET MIAMI, FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] 1/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #