

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077526

Entity Name: PROMATI, INC.

FILED
Mar 02, 2006
Secretary of State

Current Principal Place of Business:

6366 NW 82 AVENUE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6366 NW 82 AVENUE
PMB # 242
MIAMI, FL 33166

New Mailing Address:

6366 NW 82 AVENUE
MIAMI, FL 33166

FEI Number: 76-0709565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUSIET, PAUL
6366 NW 82 AVENUE
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MUSIET, PAUL
Address: 16823 SW 149 AVE.
City-St-Zip: MIAMI, FL 33187

Title: VP () Delete
Name: MUSIET, RICARDO
Address: 16823 S.W. 149 AVE.
City-St-Zip: MIAMI, FL 33187

Title: S () Delete
Name: MUSIET, MARIA D
Address: 16823 S.W. 149 AVE.
City-St-Zip: MIAMI, FL 33187

Title: T () Delete
Name: MUSIET, MONICA
Address: 14711 S.W. 150 STREET
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MUSIET, PAUL
Address: 9112 S.W. 149 PLACE
City-St-Zip: MIAMI, FL 33196

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL MUSIET

P

03/02/2006

Electronic Signature of Signing Officer or Director

_____ Date