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Secretary of State

04-11-2005 90177 039 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000017997

1. Entity Name
OMATTOS, INC.

50035812

Principal Place of Business	Mailing Address
1831 SW 24 STREET MIAMI, FL 33145	1831 SW 24 STREET MIAMI, FL 33145

03252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
14121 SW 121 place		14121 SW 121 Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami		City & State: Florida	
Zip: 33186	Country: USA	Zip: 33186	Country: USA

4. FEI Number 20-0641838 ☐ Applied For ☐ Not Applicable

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
MATTOS, OLGA L 1831 SW 24 STREET MIAMI, FL 33145	Name: OMATTOS INC. /OLGA MATTOS Street Address (P.O. Box Number is Not Acceptable): 14121 SW 121 place Miami, Fl, 33186 City: Miami FL Zip Code: 33186

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: Olga Lucia Math   MARCH 26/05
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 MATTOS, OLGA L 1831 SW 24 STREET MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OMATTOS INC 14121 SW 121 place Miami, Fl, 33186	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Olga Lucia Math.   April 6/05   7863995190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #