

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90177 050 ***150.00

DOCUMENT # P04000112451			
1. Entity Name ELOMAT INC.			
Principal Place of Business 231 NE 28TH AVE #408 OCALA, FL 34470		Mailing Address 231 NE 28TH AVE #408 OCALA, FL 34470	
2. Principal Place of Business - No P.O. Box # 1800 SE 32nd Ave Suite, Apt. #, etc.		3. Mailing Address 1800 SE 32nd Ave Suite, Apt. #, etc.	
City & State Ocala FL		City & State Ocala FL	
Zip 34471		Country USA	
6. Name and Address of Current Registered Agent OKONKWO, MARTIN 231 NE 28TH AVE #408 OCALA, FL 34470		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1495 SE 73rd Pl City Ocala FL Zip Code 34480	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 OKONKWO, MARTIN 231 NE 28TH AVE #408 OCALA, FL 34470	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1495 SE 73rd Pl Ocala FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	