

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159552

Entity Name: EGOMAT, INC.

FILED
Jan 12, 2006
Secretary of State

Current Principal Place of Business:

605 OAKS DRIVE #706
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

605 OAKS DRIVE #706
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 13-4289545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARDINAS, ABEL R
605 OAKS DRIVE #706
POMPANO BEACH, FL 33069 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: S () Delete
Name: SARDINAS, ABEL R
Address: 605 OAKS DRIVE #706
City-St-Zip: POMPANO BEACH, FL 33069

Title: PD () Delete
Name: EGOAVIL MATHISON, LUIS E
Address: 605 OAKS DRIVE #706
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: EGOAVIL LUCICHI, ROGER
Address: 605 OAKS DRIVE #706
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: SARDINAS DE EGOAVIL, JOSEFINA
Address: 605 OAKS DRIVE #706
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: EGOAVIL MATHISON, MARIA I
Address: 605 OAKS DRIVE #706
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: EGOAVIL MATHISON, LUIS E
Address: 605 OAKS DRIVE #706
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LUIS E. EGOAVIL

P

01/12/2006

Electronic Signature of Signing Officer or Director

Date