

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000114739

Entity Name: ESMAT MEDICAL, INC

FILED
Feb 05, 2007
Secretary of State

Current Principal Place of Business:

815 NW 57 AVE STE 218
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

815 NW 57 AVE STE 218
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-5491171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATOS, ALDO
15877 SW 61 WAY
MIAMI, FL 33193 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: MATOS, ALDO
Address: 15877 SW 61 WAY
City-St-Zip: MIAMI, FL 33193

Title: VP () Delete
Name: ESTARELLAS, JESUS
Address: 6401 SW 55 STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALDO MATOS

P

02/05/2007

Electronic Signature of Signing Officer or Director

Date