## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000114739

Entity Name: ESMAT MEDICAL, INC

FILED Jan 19, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
815 NW 57 SUITE 218 MIAMI, FL					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
815 NW 57 SUITE 218 MIAMI, FL			815 NW 57 AVE SUITE 218 MIAMI, FL 33126		
FEI Number:	20-5491171	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
MATOS, AI 15877 SW MIAMI, FL	61 WAY				
The above in the State		submits this statement for the pur	pose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			t	Date	
Election Can	npaign Financin	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( MATOS, ALDO 15877 SW 61 MIAMI, FL 33	WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( ARMENGOL, A 15877 SW 618 MIAMI, FL 33	ST WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BORRAJO, MA	GLAS RD #PH-3	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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 01/19/2009