

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000114739

Entity Name: ESMAT MEDICAL, INC

FILED  
Apr 12, 2011  
Secretary of State

**Current Principal Place of Business:**

815 NW 57TH AVE., SUITE 205  
MIAMI, FL 33126

**New Principal Place of Business:**

4011 W. FLAGLER STREET  
SUITE 305  
MIAMI, FL 33134

**Current Mailing Address:**

815 NW 57TH AVE., SUITE 205  
MIAMI, FL 33126

**New Mailing Address:**

4011 W. FLAGLER STREET  
SUITE 305  
MIAMI, FL 33134

FEI Number: 20-5491171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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

**OFFICERS AND DIRECTORS:**

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

Title: V  
Name: ARMENGOL, ANGEL A  
Address: 15877 SW 61ST WAY  
City-St-Zip: MIAMI, FL 33193

I hereby 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 all other like empowered.

SIGNATURE: ALDO MATOS

P

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date