

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000013302

Entity Name: PAMATA, INC.

FILED  
Jan 13, 2009  
Secretary of State

## Current Principal Place of Business:

8320 WEST SUNRISE BLVD, SUITE 204  
PLANTATION, FL 33322

## New Principal Place of Business:

## Current Mailing Address:

8320 WEST SUNRISE BLVD, SUITE 204  
PLANTATION, FL 33322

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHMIDT, MARK L  
8320 WEST SUNRISE BLVD, SUITE 204  
PLANTATION, FL 33322 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: PD ( ) Delete  
Name: SCHMIDT, MARK L  
Address: 8320 WEST SUNRISE BLVD, SUITE 204  
City-St-Zip: PLANTATION, FL 33322

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SCHMIDT, MARK L  
Address: 8320 WEST SUNRISE BLVD, SUITE 204  
City-St-Zip: PLANTATION, FL 33322

Title: VP ( ) Change (X) Addition  
Name: GIORDANELLI, PERRY  
Address: 8333 WEST MCNAB ROAD, SUITE 128  
City-St-Zip: TAMARAC, FL 33321

Title: S ( ) Change (X) Addition  
Name: SCHMIDT, CELIA  
Address: 11920 SW 22 COURT  
City-St-Zip: DAVIE, FL 33325

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: MARK L. SCHMIDT

P

01/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date