

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000019931

Entity Name: SHARMATO M.S., INC

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8645 SNOW FIRE DR  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 681786  
ORLANDO, FL 32868 US

**New Mailing Address:**

FEI Number: 59-3672509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORALES, TOMAS  
8645 SNOW FIRE DR  
ORLANDO, FL 32818 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: MORALES, TOMAS  
Address: 8645 SNOW FIRE DR  
City-St-Zip: ORLANDO, FL 32818 US

Title: VP  
Name: MORALES, NEREIDA  
Address: 517 N COLONIAL DR  
City-St-Zip: ORLANDO, FL 32804

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: TOMAS MORALES

P

03/26/2012

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

\_\_\_\_\_  
Date