

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000053667**

1. Entity Name  
**IDOMATIC OF AMERICA, INC.**



Principal Place of Business  
**455-500 NE 33RD STREET  
MIAMI, FL 33137 US**

Mailing Address  
**90 SW 8TH STREET  
2ND FLOOR #206  
MIAMI, FL 33130 US**



06282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0518089**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BRUGOS, JAIME  
90 SW 8TH ST  
2ND FLOOR #2006  
MIAMI, FL 33130**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BRUGOS, JAIME 90 SW 8TH STREET #206 MIAMI, FL 33130</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TERREROS, MARIA A. 90 SW 8TH STREET #206 MIAMI, FL 33130</b>
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000000567829  
07/03/06-80001-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/30/06**  
Date

**305-3580999**  
Daytime Phone #