

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 13, 2005 08:00 AM  
Secretary of State

DOCUMENT # P94000054021

1. Entity Name  
INFOMATIC SYSTEMS, INC.



Principal Place of Business

13506 S.W. 58TH COURT  
PINECREST, FL 33156

Mailing Address

13506 S.W. 58TH COURT  
PINECREST, FL 33156



04092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0506677

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, ROLANDO  
13506 SW 58TH COURT  
PINECREST, FL 33156

**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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SUAREZ, ROLANDO  
13506 SW 58TH COURT  
PINECREST, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SUAREZ, ISABEL M  
13506 SW 58TH COURT  
PINECREST, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000300930  
04/13/05-80011-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

*[Signature]* ROLANDO SUAREZ 4/9/2005 305-665-2007