

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000091110

**Entity Name:** MALCA-AMIT ARMORED, INC.

**Current Principal Place of Business:**

36 N.E. 1ST STREET  
(SEYBOLD BUILDING)  
MIAMI, FL 33132

**Current Mailing Address:**

153-66 ROCKAWAY BLVD.  
JAMAICA, NY 11434

**FEI Number: 11-3520305**

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title VP  
Name SINGH, MICHAEL  
Address 153-66 ROCKAWAY BLVD.  
City-State-Zip: JAMAICA NY 11434

Title STD  
Name ALON, SHMUEL  
Address 580 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10036

Title PRES  
Name EYTAN, AMIT  
Address 580 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10036

Title CHIEF CONTRACTING OFFICER  
Name WIGGINS, APRILLE  
Address 580 5TH AVENUE  
City-State-Zip: NEW YORK NY 10036

*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: APRILLE WIGGINS**

**CHIEF CONTRACTING  
OFFICER**

**01/29/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date