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: MOHAMMAD HAJJAR

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

02/08/2024 Date

FILED Feb 08, 2024 Secretary of State 8975615942CC

## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154133

Entity Name: ARMAN CORP.

## **Current Principal Place of Business:**

247 MALAGA AVENUE CORAL GABLES, FL 33134

## **Current Mailing Address:**