

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 08, 2005 08:00 AM

Secretary of State

DOCUMENT # 221461

1. Entity Name
PARMS ARMS INC



Principal Place of Business
**2243 CALAIS DRIVE
MIAMI BEACH, FL 33141**

Mailing Address
**2243 CALAIS DRIVE
STE. 1
MIAMI BEACH, FL 33141**



02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6067458

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BECERRA, SYLVIA
2243 CALAIS DRIVE
STE #1
MIAMI BEACH, FL 33141**

**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 upon registering)

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	VDT
NAME	PELEGRIN, PABLO A.
STREET ADDRESS	2243 CALAIS DR., #4
CITY - ST - ZIP	MIAMI BEACH, FL
TITLE	PS
NAME	BECERRA, SYLVIA
STREET ADDRESS	2243 CALAIS DR., #1
CITY - ST - ZIP	MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000255990
03/08/05-80040-014 150.00

**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 this 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

2-23/05 305-866-9831

Date

Daytime Phone #