


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 221461 1. Entity Name PARMS ARMS INC	
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Principal Place of Business 2243 CALAIS DRIVE MIAMI BEACH, FL 33141	Mailing Address 2243 CALAIS DRIVE STE. 1 MIAMI BEACH, FL 33141
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02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-6067458	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BECERRA, SYLVIA 2243 CALAIS DRIVE STE #1 MIAMI BEACH, FL 33141
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	VDT PELEGRIN, PABLO A. 2243 CALAIS DR., #4 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BECERRA, SYLVIA 2243 CALAIS DR., #1 MIAMI BEACH, FL
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03/21/06-80042-002 150.00

**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 life employees.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06 305-866-9031
Date Daytime Phone #