

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90426 005 ***150.00

DOCUMENT # 254148	
1. Entity Name FLORIDIAN ARMS, INC.	



Principal Place of Business 1450 NE 170TH ST #326 NORTH MIAMI BEACH, FL 33162-9812	Mailing Address 1430 NE 170 ST 316 #326 NORTH MIAMI BEACH, FL 33162-9812
--	--

40083344



2. Principal Place of Business - No P.O. Box # Miami Dade Management & Realty 6625 Miami Lakes Dr. # 233	3. Mailing Address 6625 Miami Lakes Dr. # 233
Suite, Apt. #, etc. 6625 Miami Lakes Dr. # 233	Suite, Apt. #, etc. 6625 Miami Lakes Dr. # 233
City & State Miami Lakes FL	City & State FL
Zip 33014	Country US

04242007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1000809	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent PRESTOL, ROGELIO 1430 NE 170TH ST #326 NORTH MIAMI BEACH, FL 33162	7. Name and Address of New Registered Agent Name Jose Gutierrez Street Address (P.O. Box Number is Not Acceptable) 6625 Miami Lakes Dr # 233 City Miami Lakes FL Zip Code 33014
--	--

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 Jose Gutierrez	DATE 4/27/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRESTOL, ROGELIO 1430 NE 170 ST #326 NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Juan Linval 1450 NE 170 St. Unit #309 NMB, FL. 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEARES, GEORGE 1450 NE 170TH ST SUITE 201 NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T George Spears 1450 NE 170 St Unit # 201 NMB, FL. 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, GEORGINA 1450 NE 170TH ST SUITE 101 NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Valerie James 1450 NE 170 St. Unit. #308 NMB, FL. 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNTHER, LOU 1450 NE 170TH ST SUITE 303 NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	J.P. Ted Smith 1450 NE 170 St. Unit # 103 NMB, FL. 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINVAL, JUAN 1450 NE 170TH ST SUITE 309 NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Saray Peña 1450 NE 170 St Unit # 305 NMB, FL. 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vito Panobianco 1450 NE 170 St Unit # 309 NMB, FL. 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered	
---	--

SIGNATURE: JUAN LINVAL	JUAN LINVAL President 4/27/07
-------------------------------	--------------------------------------

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # 254148 1. Entity Name FLORIDIAN ARMS, INC.					
Principal Place of Business 1450 NE 170TH ST #326 NORTH MIAMI BEACH, FL 33162-9812			Mailing Address 1430 NE 170 ST 316 #326 NORTH MIAMI BEACH, FL 33162-9812		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1000809	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PRESTOL, ROGELIO 1430 NE 170TH ST #326 NORTH MIAMI BEACH, FL 33162				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRESTOL, ROGELIO		NAME	Yesit Campo	
STREET ADDRESS	1430 NE 170 ST #326		STREET ADDRESS	1450 NE 170 St Unit #104	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP	NMB, FL 33162	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPEARES, GEORGE		NAME		
STREET ADDRESS	1450 NE 170TH ST SUITE 201		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, GEORGINA		NAME		
STREET ADDRESS	1450 NE 170TH ST SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUNTHER, LOU		NAME		
STREET ADDRESS	1450 NE 170TH ST SUITE 303		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINVAL, JUAN		NAME		
STREET ADDRESS	1450 NE 170TH ST SUITE 309		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 like empowered					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	