

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 444843

Entity Name: ARMSPORT, INC.

FILED
Apr 13, 2004
Secretary of State

Current Principal Place of Business:

3590 N.W. 49TH ST.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

4000 TOWERSITE TER
2005
MIAMI, FL 33138

New Mailing Address:

FEI Number: 59-1513394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOMERSTEIN, SEYMOUR
4000 TOWERSIDE TERRACE, APT #2005
NORTH MIAMI, FL 33138 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOMERSTEIN, SEYMOUR
Address: 4000 TOWERSIDE TERRACE., #2005
City-St-Zip: NORTH MIAMI, FL 33138

Title: SD () Delete
Name: SOMERSTEIN, MYRNA
Address: 4000 TOWERSIDE TERRACE., #2005
City-St-Zip: NORTH MIAMI, FL 33138

Title: T () Delete
Name: SOMERSTEIN, HELEN
Address: 4000 TOWERSIDE TERRACE., #2005
City-St-Zip: NORTH MIAMI, FL 33138

Title: AST () Delete
Name: HODGE, DELORIS
Address: 2141 N.W. 65TH STREET
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SOMERSTEIN

PD

04/13/2004

Electronic Signature of Signing Officer or Director

_____ Date