

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 512156

FILED
Apr 25, 2007
Secretary of State

Entity Name: ARMANDO'S SERVICE STATION INCORPORATED

Current Principal Place of Business:

6348 COLLINS AVENUE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6348 COLLINS AVENUE
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 59-1689963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRITO, SARAH
436 OCEAN BLVD.
GOLDEN BCH., FL 33160 US

Name and Address of New Registered Agent:

BRITO, SARAH
6348 COLLINS AVE
MIAMI BEACH., FL 33141 US

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:

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRITO, SARAH,
Address: 436 OCEAN BLVD
City-St-Zip: GOLDEN BEACH FL,

Title: VD () Delete
Name: BRITO, ARMANDO
Address: 436 OCEAN BLVD
City-St-Zip: GOLDEN BCH, FL

Title: STD () Delete
Name: DAILY, IVELISE
Address: 436 OCEAN BLVD.
City-St-Zip: GOLDEN BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRITO, SARAH,
Address: 6348 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: VD (X) Change () Addition
Name: BRITO, ARMANDO
Address: 6348 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: STD (X) Change () Addition
Name: DAILY, IVELISE
Address: 6348 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: IVELISE DAILY

STD

04/25/2007

Electronic Signature of Signing Officer or Director

Date