## YEAR 2003 FOR PROFIT CORPORATION

## FILED May 05, 2003 8:00 am Secretary of State

UNIFORM BUSINESS REPORT	(UBR) 05-05-2003 91907 023 ***150.00
DOCUMENT # F-72340	
THE ARMANI SHORS CORPOR	an Trans
	771107
2337 N.W. 5th AUB	
Miami	DO NOT WRITE IN THIS SPACE
Florina 33127	
	\$8.75 Additional Fee Required
	Name Ingelmo CRISTO ABL
	Street Address (MO. Box Number is Not Acceptable)
	2337 N.W. STA AVE
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
SIGNATURE signature, typed or binited frame of registered agent and bits if applicable. (NOTE	E: Registered Agent eignature required when renalating)  9. Election Campaign Financing Trust F
10. OFFICERS AND DIRECTORS	
NAME PID TREPLMO CAISTONAL	E BANK BANK
CITY-SI-ZIP MAMA FL 33127	STREET ADURESS OF STREET ADURES OF STREET ADURESS OF STREET ADUREST OF STREET ADURES
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STREET ADDRESS 2330 N-W. 5th AUG CITY-ST-ZIP MIAMI PL 33127	STREET ADDRESS CITY-ST-ZPD
NAME	TILE SOURCE STATE OF THE STATE
STREET AUDRESS CITY- S1-ZIP	STHEET ADDRESS CITY-ST-ZP
TITLE NAME	IIILE VALUE OF THE PROPERTY OF
STREET ALONESS CITY-ST-ZIF	STREET ADDRESS:
TITLE NAME	IIIL
SIBLET ADDRESS CITY-S1-2IP	NAME STREET ADDRESS GITY: ST- ZIP
III/L	mi de la companya de
NAME STREET ADURESS CITY-S1-2IP	MAKE STREET ADDRESS CITY ST-ZIP
	the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR