

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F84050

FILED
Jan 16, 2009
Secretary of State

Entity Name: FORD, ARMENTEROS & MANUCY, INC.

Current Principal Place of Business:

1950 NW 94 AVE
SECOND FLOOR
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

1950 NW 94 AVE
SECOND FLOOR
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 59-2201493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARMENTEROS, OMAR
1950 NW 94 AVE
SECOND FLOOR
MIAMI, FL 33172 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: PT () Delete
Name: ARMENTEROS, OMAR,
Address: 1950 NW 94 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: ARMENTEROS, OMAR,
Address: 1950 NW 94 AVENUE
City-St-Zip: DORAL, FL 33172

Title: VP () Change (X) Addition
Name: FERNANDEZ, EDWIN J,
Address: 1950 NW 94 AVENUE
City-St-Zip: DORAL, FL 33172

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: OMAR ARMENTEROS

PT

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date