

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90975 038 ***150.00

DOCUMENT # F95371 1. Entity Name THE ARMESTO CORPORATION					
Principal Place of Business PLAZA "ARMESTO" 1301-1335 N W 23RD STREET MIAMI, FL 33142-7621			Mailing Address P.O. BOX 833150 MIAMI, FL 33283		
2. Principal Place of Business 2011 NW 251 St Suite, Apt. #, etc. Lawty, FL		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip 32058		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMESTO, ELADIO 1301-1335 N.W. 23RD STREET MIAMI, FL 33142-7621			7. Name and Address of New Registered Agent Name Corporation Service Company Deborah Skipper Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301		
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 <u><i>Deborah Skipper</i></u> Deborah Skipper 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DVST ARMESTO-ESPINOSA, MAYTEE D 12641 SW 78TH ST MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAGDALENA CARRAZANA, MARIA 2294 W 74 STREET #201-22 HIALEAH, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HILTON, BARBARA 12641 SW 78TH ST MIAMI, FL 33183	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST Espinosa, Dulce 2011 NW 251 St Lawty, FL 32058	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Hilton, Barbara 2011 NW 251 St Lawty, FL 32058	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Hilton, Barbara 2011 NW 251 St Lawty, FL 32058	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Hilton, Barbara 2011 NW 251 St Lawty, FL 32058	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Hilton, Barbara 2011 NW 251 St Lawty, FL 32058	<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 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 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: <u><i>Deborah Skipper</i></u> 4/29/05 305-309-9969 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					