

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90168 001 *1,428.75

66009919



DOCUMENT # F95917 1. Entity Name PHOENIX ARMS LTD. INC.					
Principal Place of Business 10780 S.W. 190TH ST. MIAMI, FL 33157			Mailing Address 10780 S.W. 190TH ST. MIAMI, FL 33157		
2. Principal Place of Business - No P.O. Box # 9955 S.W. 87th Ct.		3. Mailing Address 9955 S.W. 87th Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, Florida		City & State MIAMI, Florida		4. FEI Number 59-2231605	
Zip 33176		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESQUIVEL, DR J AL P.E. 10780 SW 190TH STREET MIAMI, FL 33157		7. Name and Address of New Registered Agent Name Dr. J. Al Esquivel Street Address (P.O. Box Number is Not Acceptable) 9955 S.W. 87th Ct. City MIAMI, Florida FL Zip Code 33176			
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>Dr. J. Al Esquivel</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>04-03-08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PTS ESQUIVEL, DR J AL 10780 S.W. 190TH ST. MIAMI, FL 33157 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9955 S.W. 87 Ct. MIAMI, Florida 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARRIO, MARLENE A. 10780 S.W. 190TH ST. MIAMI, FL 33157 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9955 S.W. 87 Ct. MIAMI, Florida 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Dr. J. Al Esquivel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>04-03-08 (305)238-0477</u> <small>Date Daytime Phone #</small>		