

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G01052

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** ARMICHEM INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

3563 NW 53RD COURT  
FT. LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

3563 NW 53RD COURT  
FT. LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number:** 59-2220913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301 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:** PD  
**Name:** BRAHMS, ANDREW  
**Address:** 3563 NW 53RD COURT  
**City-St-Zip:** FORT LAUDERDALE, FL 33309 US

**Title:** SC  
**Name:** BRAHMS, BARBARA  
**Address:** 3563 NW 53RD COURT  
**City-St-Zip:** FORT LAUDERDALE, FL 33309 US

**Title:** VP  
**Name:** BARRY, BRAHMS  
**Address:** 3563 NW 53RD COURT  
**City-St-Zip:** FORT LAUDERDALE, FL 33309 US

**Title:** TR  
**Name:** BRAHMS, MICHAEL  
**Address:** 3563 NW 53RD COURT  
**City-St-Zip:** FORT LAUDERDALE, FL 33309 FL

I hereby 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 all other like empowered.

**SIGNATURE:** ANDREW BRAHMS

PD

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date