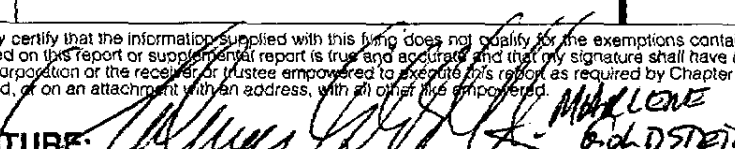


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # J54434 1. Entry Name ARMA REALTY CORPORATION		
Principal Place of Business 2500 N MILITARY TR 260 BOCA RATON, FL 33431 US	Mailing Address 2500 N MILITARY TR 260 BOCA RATON, FL 33431 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GOLDSTEIN, ARNOLD 2500 N MILITARY TR 260 BOCA RATON, FL 33431		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GOLDSTEIN, ARNOLD 2500 N MILITARY TR 260 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TDS GOLDSTEIN, MARLENE J. 942 EVERGREEN DR DELRAY BCH, FL 33483	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this form 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/6/06 561-9531009 Daytime Phone



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number: **65-0161255** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

04/25/06-80091-025 150.00

**DO NOT WRITE
IN THIS SPACE**