2005 FOR PROFIT CORPORATION

Jan 25, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # K80461 1. Entity Name THE ARMONIA CORPORATION Principal Place of Business Mailing Address 3665 BATTERSEA RD PO BOX 331070 MIAMI, FL 33133 MIAMI, FL 33233-1070 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0115979 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SCURTIS, JOHN C. DO NOT WRITE 3665 BATIER SEA RD COCONUT GROVE, FL 33133 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 tille if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPS TITLE SCURTIS, JOHN C. NAME 1570 MADRUGA AVENUE, SUITE 305 STREET ADDRESS HODDOO 95607 CITY-ST-ZIP CORAL GABLES, FL 33145 ##/25/05-80034-015 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME

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 ampowered 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 line repowered. JOHN C.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED