


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90218 017 ****50.00

| | |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L03000020195 1. Entity Name ARMAPEX, LLC |  |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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|--------------------------------------------------------------------|--------------------------------------------------------|
| Principal Place of Business 4836 SW 74TH CT. MIAMI, FL 33155 | Mailing Address 4836 SW 74TH CT. MIAMI, FL 33155 |
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20031944



02032005 No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 26-0067199 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|-----------------------------------------------------------|------------------------------------------|

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| 6. Name and Address of Current Registered Agent BELFRANIN, ZVONLMIT 4836 SW 74TH CT. MIAMI, FL 33155 |
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IN THIS SPACE**

6. 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 reconstituting) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|--------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BELFRANIN, ZVONIMIR 4836 SW 74TH CT. MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BELFRANIN, LOURDES 4836 SW 74TH CT. MIAMI, FL 33155 |
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ZVONIMIR BELFRANIN 4-11-05 305 669 0255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #