



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90284 007 ***150.00

DOCUMENT # M86471 1. Entity Name ARMAY D, INC.					
Principal Place of Business 4401 SW 75 AVE #11 MIAMI, FL 33155-4445				Mailing Address 4401 SW 75 AVE #11 MIAMI, FL 33155-4445	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 671 NW 136 Ave Suite, Apt. #, etc.		 03262004 Chg-P CR2E034 (10/03)	
City & State		City & State MIAMI			
Zip		Zip FL			
Country		Country 33182			
4. FEI Number 65-0056417				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORREGO, HAYDEE 671 NW 136 AVE MIAMI, FL 33165			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 D <input type="checkbox"/> Delete NAME BORREGO, HAYDEE STREET ADDRESS 3628 SW 112 AVE 671 NW 136 Ave CITY-ST-ZIP MIAMI, FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME BORREGO, ARMANDO STREET ADDRESS 3628 SW 112 AVE 671 NW 136 Ave CITY-ST-ZIP MIAMI, FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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 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>Armando Borrego</i></u> PRESIDENT <u>4/24/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small> ARMANDO BORREGO					