2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # M89520** 1. Entity Name 04-18-2005 90567 006 ***150.00 ARMEN REALTY, INC. Principal Place of Business Mailing Address 931 NE 48TH ST 931 NE 48TH ST 20036445 OAKLAND PK, FL 33334 US OAKLAND PK, FL 33334 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222005 CR2E034 (10/03) Chg-P Applied For 4. FE! Number City & State City & State 65-0056794 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ADJEHIAN, GAREN Street Address (P.O. Box Number is Not Acceptable) 931 NE 48TH ST OAKLAND PK, FL 33334 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent stansture required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE ADJEMIAN ADJEHIAN, GAREN NAME NAME STREET ADDRESS 3015 N. OCEAN #12 I STREET ADDRESS #12-I CITY ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-23P ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete mn.F mıe ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ms ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-7IP TIFLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Horida 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.

FILED