

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90443 049 ***150.00

DOCUMENT # M89520 1. Entity Name ARMEN REALTY, INC.					
Principal Place of Business 931 NE 48TH ST OAKLAND PK, FL 33334 US			Mailing Address 931 NE 48TH ST OAKLAND PK, FL 33334 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0056794	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADJEHIAN, GAREN 931 NE 48TH ST OAKLAND PK, FL 33334				7. Name and Address of New Registered Agent Name SIRAN DERBEDROSSIAN Street Address (P.O. Box Number is Not Acceptable) 3015 N OCEAN Blvd #12 - I City Ft. Lauderdale FL Zip Code 33308	
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 <i>[Signature]</i> SIRAN DERBEDROSSIAN 4/10/06 <small>Signature, typed or printed name of registered agent and to be responsible. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ADJEMIAN, GAREN 3015 N. OCEAN #12 I FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/10/2006 954-938-9858 <small>Date Daytime Phone #</small>		