


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # M95939 1. Entity Name ARMENTANO ENTERPRISES, INC.	
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Principal Place of Business 2975 WESTCHESTER AVE PURCHASE, NY 10577 US	Mailing Address 2975 WESTCHESTER AVE PURCHASE, NY 10577 US
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07312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3490019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARMENTANO, PAT
ACA ACADEMY
36540 VIA MARCIA
FRUITLAND PARK, FL 34731

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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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMENTANO, PAT 2975 WESTCHESTER AVE. PURCHASE, NY 10577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMENTANO, JOSEPH 2975 WESTCHESTER AVE. PURCHASE, NY 10577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMENTANO, JOHN 2975 WESTCHESTER AVE. PURCHASE, NY 10577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/07/07-80009-011 150.00

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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: Sindy Williams 8/3/07 352-787-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #