


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # M95939		
1. Entity Name ARMENTANO ENTERPRISES, INC.		
Principal Place of Business 36540 VIA MARCIA FRUITLAND, PARK, FL 34731 US	Mailing Address 36540 VIA MARCIA FRUITLAND PARK, FL 34731 US	



04092008 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"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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)

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

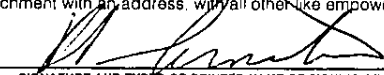
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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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**DO NOT WRITE IN THIS SPACE**

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:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X** Date **(914) 250-3799**  
 Daytime Phone #