2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000004423

1. Entity Name
ARMATUR, INC.

Principal Place of Business	Mailing Address
4836 S.W. 74TH COURT MIAMI, FL 33155	4836 S.W. 74TH COURT MIAMI, FL 33155

01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0976626
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BELFRANIN, ZVONIMIR
3405 BANOS COURT
CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000152168
05/04/04-80074-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BELFRANIN, LOURDES
STREET ADDRESS	3405 BANOS COURT
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V
NAME	BELFRANIN, ZVONIMIR
STREET ADDRESS	3405 BANOS COURT
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V
NAME	BERISIARTU, ANGEL
STREET ADDRESS	510 CADINA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	TRINCHERO, PIERO
STREET ADDRESS	7534 SW 77TH COURT
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: ZVONIMIR BELFRANIN 2-26-04 3056690255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #