

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000034102

Entity Name: ARMALILI, CORP.

FILED
Mar 21, 2008
Secretary of State

Current Principal Place of Business:

199 S.W. 12TH AVENUE
SUITE 1
MIAMI, FL 33130

New Principal Place of Business:

7915 NW 8 ST
UNIT 8
MIAMI, FL 33126

Current Mailing Address:

199 S.W. 12TH AVENUE
SUITE 1
MIAMI, FL 33130

New Mailing Address:

7915 NW 8 ST
UNIT 8
MIAMI, FL 33126

FEI Number: 65-1091478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, ARMANDO J
7915 NW 8TH STREET
UNIT 8
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, ARMANDO J
Address: 7915 NW 8TH STREET UNIT 8
City-St-Zip: MIAMI, FL 33126

Title: VD () Delete
Name: IGLESIAS, LIHANNAY
Address: 7915 NW 8TH STREET UNIT 8
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO J. LOPEZ

PD

03/21/2008

Electronic Signature of Signing Officer or Director

_____ Date