FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90967 046 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096822

1. Entity Name
ARMO INC.

Principal Place of Business	Mailing Address
7160 NW 82ND TERRACE PARKLAND, FL 33067	7160 NW 82ND TERRACE PARKLAND, FL 33067

2. Principal Place of Business	3. Mailing Address
8527 Pines BLVD	8527 Pines BLVD
Suite, Apt. #, etc. 202	Suite, Apt. #, etc. 202
City & State Pembroke Pines FL	City & State Pembroke Pines FL
Zip 33024 Country USA	Zip 33024 Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1141916 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA MORA, ARTURO
7160 NW 82ND TERRACE
PARKLAND, FL 33067

7. Name and Address of New Registered Agent

Name DE LA MORA ARTURO
Street Address (P.O. Box Number is Not Acceptable)
8527 Pines BLVD. Suite 202
City Pembroke Pines, FL Zip Code 33024

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 [signature] 4-29-03
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, 2003 Fee will be $550.00
Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	D DE LA MORA, ARTURO 7160 NW 82ND TERRACE PARKLAND, FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA MORA, ARTURO 8527 PINES BLVD SUITE 202 PEMBROKE PINES FL. 33024	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 4-29-03 954-214-2735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #