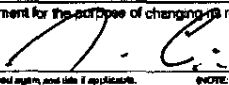


FILED
May 01, 2003 8:00 am
Secretary of State

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 7160 NW 82ND TERRACE PARKLAND, FL 33067		Mailing Address 7160 NW 82ND TERRACE PARKLAND, FL 33067	
2. Principal Place of Business 8527 Pines BLVD	3. Mailing Address 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	4. FEI Number 65-1141916	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		☐ Applied For ☐ Not Applicable	
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 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  DATE 4-29-03 Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent's signature Required when completing)			
		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 D NAME DE LA MORA, ARTURO STREET ADDRESS 7160 NW 82ND TERRACE CITY-ST-ZIP PARKLAND, FL 33067	☐ Delete	TITLE D NAME DE LA MORA, ARTURO STREET ADDRESS 8527 PINES BLVD SUITE 202 CITY-ST-ZIP 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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: 		4-29-03 954-214-2735	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (10/02)