## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000044797

1. Entity Name

R. ARMAS CONSTRUCTION, INC.



FILED Jan 22, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

Principal Place of Business

841 WEST 53RD STREET HIALEAH, FL 33012 Mailing Address

841 WEST 53RD STREET HIALEAH, FL 33012



## DO NOT WRITE IN THIS SPACE

01122007 140 Clig-F	CR2E034 (11/03)		
4. FEI Number		Applied For	
02-0604229		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ARMAS, RUBEN 841 WEST 53RD STREET HIALEAH, FL 33012

## DO NOT WRITE IN THIS SPACE

THACEAH, F	2 33012			IN <sup>-</sup>	THIS SPACE	
	named entity submits this statement for the points of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATUREs	signalure, typed or printed name of registered agent and little	il applicable. (NOTE: Registered	Agent signature	required when reinstaling)	DATE	
FILE After Ma	NOW!!! FEE IS \$150.00 y 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	,	
10.	OFFICERS AND DIREC	CTORS				
NAME STREET ADDRESS	D ARMAS, RUBEN 841 WEST 53RD STREET HIALEAH, FL 33012				000000597165 01/24/07-80025-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information						

indicated on this report or supplemental poport 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, withrall other like empowered

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayrime Phone #