

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000060355

1. Entity Name
ARMI ENTERPRISES, INC.



Principal Place of Business

126 HIALEAH DRIVE
HIALEAH, FL 33010

Mailing Address

126 HIALEAH DRIVE
HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE



04172004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0714446

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, ARNALDO
126 HIALEAH DRIVE
HIALEAH, FL 33010

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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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GONZALEZ, ARNALDO
STREET ADDRESS	126 HIALEAH DRIVE
CITY - ST - ZIP	HIALEAH, FL 33010
TITLE	VP
NAME	PENA, SYLVIA
STREET ADDRESS	17811 N.W. 88 AVE
CITY - ST - ZIP	MIAMI, FL 33018
TITLE	S
NAME	GONZALEZ, ARNALDO
STREET ADDRESS	126 HIALEAH DRIVE
CITY - ST - ZIP	HIALEAH, FL 33010
TITLE	T
NAME	GONZALEZ, ARNALDO
STREET ADDRESS	126 HIALEAH DRIVE
CITY - ST - ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/29/04-80064-005 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

305-884-8180

Daytime Phone #