

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-26-2004 90001 001 \*\*\*150.00

**DOCUMENT # P02000068872**

1. Entity Name

AR.MA.NI. WINDOW & DOOR INSTALLATIONS, INC.



Principal Place of Business

5430 LYONS RD #207  
COCONUT CREEK FL 33073

Mailing Address

5430 LYONS RD #207  
COCONUT CREEK FL 33073

2. Principal Place of Business

5430 Lyons Rd #207

3. Mailing Address

SAME -

Suite, Apt. #, etc.

207.

Suite, Apt. #, etc.

City & State

Coconut Creek.

City & State

4. FEI Number

46-0488896

Applied For

Not Applicable

Zip

Country

33073.

Brwd.

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 NW 16TH ST  
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

3-20-04-

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete

NAME BERMUDEZ, ARMANDO  
STREET ADDRESS 5510 LYONS RD SUITE 104  
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE D ☒ Delete

NAME BERMUDEZ, JUAN  
STREET ADDRESS 5510 LYONS RD SUITE 104  
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE D ☒ Delete

NAME BERMUDEZ, JOHNNY  
STREET ADDRESS 5510 LYONS RD SUITE 104  
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition

NAME DIANA K. TOVAR  
STREET ADDRESS 5430 LYONS RD #207  
CITY-ST-ZIP Coconut Creek FL 33073

TITLE D ☐ Change ☒ Addition

NAME RUBEN GALARZA  
STREET ADDRESS 1670 NW 2 AVE  
CITY-ST-ZIP Pompano Bch FL 33060

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

3-20-04

658-9952