2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000114168

1. Entity Name
ARMANI MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
15487 SW 138TH CT	15487 SW 138TH CT
MIAMI FL 33177	MIAMI FL 33177

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business *16461 SW 145 CT*

Suite, Apt. #, etc.

City & State *Miami, FL*

Zip *33177*   Country

3. Mailing Address *P.O. Box 720681*

Suite, Apt. #, etc.

City & State *Miami FL*

Zip *33172.*   Country

4. FEI Number *59-3742222*
Applied For ☐
Not Applicable ☐

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

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6. Name and Address of Current Registered Agent

MATOS, RICHARD
15487 SW 138TH CT
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name *MATOS RICHARD.*

Street Address (P.O. Box Number is Not Acceptable) *16461 SW 145 CT*

City *Miami*   FL   Zip Code *33177*

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 *Richard Matos*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE *1/21/03*

FILE NOW!!! FEE IS $150.00
After May 1, 2003 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

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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES	Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE *P/D/S* NAME *MATOS RICHARD* STREET ADDRESS *16461 SW 145 CT* CITY-ST-ZIP *MIAMI FL 33177*	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
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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: *Richard R Matos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/21/03*   Daytime Phone #