

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # P02000121221**

1. Entity Name  
**ARMENIA PROPERTY, INC.**



FILED

2006 JUL 12 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4427 W. KENNEDY BLVD.  
SUITE 125  
TAMPA, FL 33609**

Mailing Address  
**3191 CORAL WAY  
SUITE #1008  
MIAMI, FL 33145**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

05222006 Chg-P CR2E034 (11/05)

4. FEI Number  
**02-0652763**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SOSTCHIN, GUILLIMAN  
3191 CORAL WAY  
#1008  
MIAMI, FL 33145**

7. Name and Address of New Registered Agent  
Name **David Stone, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3191 Coral Way, #1008**  
City **Miami** FL Zip Code **33145**

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]* DATE **7/10/06**

(NOTE: Registered Agent signature required when reinstating)

Amended AR is **\$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOSTCHIN, GUILLERMO 3191 CORAL WAY #1008 MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STONE, DAVID E 3191 CORAL WAY #1008 MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David Stone, Esq. 3191 Coral Way, #1008 Miami, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer & Secretary Henrietta Sostchin 3191 Coral Way, #1008 Miami, FL 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DANIEL STONE</b> <b>3191 CORAL WAY #1008</b> <b>MIAMI, FL 33145</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000077711570</b> <b>07/19/06--01009--018 **61.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another be empowered.

SIGNATURE: *[Signature]* **6/06/06 305-725-5282**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**David E Stone**

Date Daytime Phone #