


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90264 036 ***150.00

DOCUMENT # P03000033570 1. Entity Name ARMOR LOGISTICS, INC.					
Principal Place of Business 3759 NW 16TH ST #12 LAUDERHILL, FL 33311			Mailing Address 3759 NW 16TH ST #12 LAUDERHILL, FL 33311		
2. Principal Place of Business 2701 W. McNAB RD Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State POMPANO BEACH, FL Zip 33069		City & State Zip Country USA		4. FEI Number 04-3747587 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04282004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PENBE, VAHE 3759 NW 16TH ST #12 LAUDERHILL, FL 33311					
7. Name and Address of New Registered Agent Name PENBE, VAHE Street Address (P.O. Box Number is Not Acceptable) 2701 W. McNAB RD City POMPANO BEACH FL Zip Code 33069				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PENBE, SILVA 3759 NW 16TH ST #12 LAUDERHILL, FL 33311	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PENBE, VAHE 3759 NW 16TH ST #12 LAUDERHILL, FL 33311	<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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Valbe Silva</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			Date: <u>4/28/04</u> Daytime Phone #: <u>954-972-0000</u>		