


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90100 022 ***150.00

DOCUMENT # P03000033570 1. Entity Name ARMOR LOGISTICS, INC.					
Principal Place of Business 2701 W MCNAB RD POMPANO BEACH, FL 33069			Mailing Address 2701 W MCNAB RD POMPANO BEACH, FL 33069		
2. Principal Place of Business 3285 W. MCNAB RD		3. Mailing Address SAME AS PARA 2.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State POMPANO BEACH		City & State 			
Zip 33069		Country BROWARD		Zip 	
Country 					
6. Name and Address of Current Registered Agent PENBE, VAHE 2701 W MCNAB RD POMPANO BEACH, FL 33069			7. Name and Address of New Registered Agent Name VAHE PENBE Street Address (P.O. Box Number is Not Acceptable) 3285 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 <u><i>Valhe Penbe</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 3750 NW 16TH ST #12 LAUDERHILL, FL 33311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SILVA PENBE 3285 W. MCNAB RD POMPANO BEACH - FL 33069
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PENBE, VAHE 3750 NW 16TH ST #12 LAUDERHILL, FL 33311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAHE PENBE 3285 W. MCNAB RD POMPANO BEACH - FL 33069
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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 all other like empowered.					
SIGNATURE: <u><i>Valhe Penbe</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/15/06</u> Daytime Phone # <u>954-582-0406</u>		