2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000033 1. Entity Name ARMOR LOGISTICS, INC.	570			04-19-2006 90100 022 ***150.00
Principal Place of Business	Mailing Address			
2761 W MCNAB RD POMPANO BEACH EL 33069	2701 W MCNAB RD Pompano Beach, FL 3	33069		
TOMI AND DEAGH, TE 33003	TOM MITO DENOTI, TE	33003		
2. Principal Place of Business	3. Mailing Address			
		IE As RARA 2.		
Suite, Apt. #, etc. Suite, Apt. #, etc.			04172006 Chg-P CR2E034 (11/05)	
City & State POMPANO BEACH	TO MPANO BEACH City & State			4. FEI Number Applied For 04-3747587 Not Applicable
Zip 33069 Country BROWARD	Zip	Country		5 Certificate of Status Desired \$8.75 Additional
6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent
DENDE VALLE		Name	V AH	IE PENBE
PENDE, VARE			P.O. Box Number is Not Acceptable)	
POMPANO BEACH, FL 33069		300	0 - 1	LI MCIIAO ON
		City	>	W. MCNAB RD PANO BEACH FL Zip Code 33069
The above named entity submits this statement for	the purpose of changing its			red agent, or both, in the State of Florida. Lam familiar with, and accept
the obligations of registered agent.		rogiotored emoc or	rogiotore	ad agon, or boss, in no otato or horotal real manifest man, and account
SIGNATURE	a cube_			
Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signate	re required	d when reinstating} DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.0	9. Election Campain Trust Fund Contr			.00 May Be led to Fees
10. OFFICERS AND I	DIRECTORS Defete	11.	, سی	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME PENBE, SILVA	L. Delete	NAME		LVA PENBE A CHANGE BAUCHUNG SV W. MCNAB RD
STREET ADDRESS 3759 NW 16TH ST #12 CITY-ST-ZIP LAUDERHILL FL 33311		STREET ADDRESS CITY-ST-ZIP		MRANO BEACH_FI 33069
INTLE VTD	Delete	TITLE		HE PENBE Change Addition
NAME PENBE, VAHE		NAME		85 W. MCNAB RD
STREET ADDRESS 3759 AW 16TH ST #12 CITY-ST-ZIP LAUDERHILL, FL 33311-		STREET ADDRESS CITY-ST-ZIP	Por	MPANO BEACH - FZ 33069
TITLE	☐ Delete	TITLE	-	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY - ST - ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		
CITY-SI-ZIP		CITY-ST-ZIP		
TILE NAME	☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS		STREET ADDRESS		
12. Thereby certify that the information supplied with	this filing does not qualify fo	CITY-ST-ZIP or the exemptions of	ontained	d in Chapter 119, Florida Statutes. I further certify that the information
indicated on this report or supplemental report is of the corporation or the receiver or trustee emporential report is	true and accurate and that nowered to execute this report	ny signature shall h as required by Cha	lave the s	same legal effect as if made under oath; that I am an officer or director 7, 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: Date Significant Sig				