

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90275 023 ***150.00

DOCUMENT # P03000052398 1. Entity Name ARMADA WINDOW TINTING & SERVICES INC.																							
Principal Place of Business 90 SE 7TH STREET FORT LAUDERDALE, FL 33315		Mailing Address 90 SE 7TH STREET FORT LAUDERDALE, FL 33315																					
2. Principal Place of Business 2690 SW 15th ST Suite, Apt. #, etc.		3. Mailing Address 2690 SW 15th ST Suite, Apt. #, etc.																					
City & State DEERFIELD BEACH FL Zip 33442		City & State DEERFIELD BEACH Zip 33442																					
Country USA		Country USA																					
4. FEI Number 72 1563845		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent MEJIA, EDWIN R 90 SE 7TH STREET FORT LAUDERDALE, FL 33315		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2690 SW 15th ST City DEERFIELD BEACH FL Zip Code 33442																					
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>Edwin R Mejia</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/23/04</u>																							
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MEJIA, EDWIN R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>90 SE 7TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33315</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	MEJIA, EDWIN R		STREET ADDRESS	90 SE 7TH STREET		CITY-ST-ZIP	FORT LAUDERDALE, FL 33315		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2690 SW 15th ST.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BEACH FL 33442</td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	2690 SW 15th ST.	CITY-ST-ZIP	DEERFIELD BEACH FL 33442
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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>Edwin R Mejia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/23/04</u> Daytime Phone # <u>954 298-8086</u>																					