

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90057 029 \*\*\*158.75

**DOCUMENT # P03000058793**

1. Entity Name  
A.R.M.D., INC.



Principal Place of Business

8224 IMMOKALEE ROAD  
NAPELS, FL 34119

Mailing Address

8224 IMMOKALEE ROAD  
NAPELS, FL 34119

94037771



2. Principal Place of Business

15100 Collier Blvd

Suite, Apt. #, etc.

3. Mailing Address

15100 Collier Blvd

Suite, Apt. #, etc.

02092004

Chg-P

CR2E034 (10/03)

City & State

Naples, Florida

Zip 34119

Country US

City & State

Naples, Florida

Zip 34119

Country US

4. FEI Number

562435721

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELIAS, OVADIA R  
8224 IMMOKALEE ROAD  
NAPELS, FL 34119

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

15100 Collier Blvd

City

Naples

FL

Zip Code

34119

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete

NAME ELIAS, OVADIA  
STREET ADDRESS 8224 IMMOKALEE ROAD  
CITY-ST-ZIP NAPELS, FL 34119

TITLE V ☒ Delete

NAME YITZHAK, RAHAMIM  
STREET ADDRESS 8224 IMMOKALEE ROAD  
CITY-ST-ZIP NAPELS, FL 34119

TITLE V ☒ Delete

NAME RICE, GEORGE B  
STREET ADDRESS 8224 IMMOKALEE ROAD  
CITY-ST-ZIP NAPELS, FL 34119

TITLE DS ☐ Delete

NAME ALICE, MEIR  
STREET ADDRESS 8224 IMMOKALEE ROAD  
CITY-ST-ZIP NAPELS, FL 34119

TITLE DT ☐ Delete

NAME ALIAS, AVIEL  
STREET ADDRESS 8224 IMMOKALEE ROAD  
CITY-ST-ZIP NAPELS, FL 34119

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 15100 Collier Blvd  
CITY-ST-ZIP Naples, FL 34119

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSD ☒ Change ☐ Addition

NAME  
STREET ADDRESS 15100 Collier Blvd  
CITY-ST-ZIP Naples, FL 34119

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 15100 Collier Blvd  
CITY-ST-ZIP Naples, FL 34119

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*R. Ali*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #