

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123001

FILED
Apr 26, 2005
Secretary of State

Entity Name: ARMANDEUS COCONUT GROVE, CORP

Current Principal Place of Business:

3900 NW 79 AVE
SUITE 576
MIAMI, FL 33166

New Principal Place of Business:

3138 COMMODORE PLAZA
UNIT 1-2
COCONUT GROVE, FL 33133

Current Mailing Address:

3900 NW 79 AVE
SUITE 576
MIAMI, FL 33166

New Mailing Address:

3138 COMMODORE PLAZA
UNIT 1-2
COCONUT GROVE, FL 33133

FEI Number: 20-1540834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERLUISSI, MARY
3900 NW 79 AVE
SUITE 576
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

PIERLUISSI, MARY
2700 GLADES CIRCLOE
SUITE 137
WESTON, FL 33327 US

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.

SIGNATURE:

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENLOLO, ARMANDO
Address: 3900 NW 79 AVE SUITE 576
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: NICASTRO, ORLANDO
Address: 3900 NW 79 AVE SUITE 576
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: CARRASQUILLO, MARCOS
Address: 3900 NW 79 AVE SUITE 576
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BENLOLO, ARMANDO
Address: 3138 COMMODORE PLAZA UNIT 1-2
City-St-Zip: COCONUT GROVE, FL 33133

Title: D (X) Change () Addition
Name: NICASTRO, ORLANDO
Address: 3138 COMMODORE PLAZA UNIT 1-2
City-St-Zip: COCONUT GROVE, FL 33133

Title: D (X) Change () Addition
Name: CARRASQUILLO, MARCOS
Address: 3138 COMMODORE PLAZA UNIT 1-2
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENLOLO ARMANDO

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date