2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000132248 1. Entity Name ARMEL CONSTRUCTION COMPANY, INC. Principal Place of Business 2000 ISLAND BLVD UNIT 902 AVENTURA, FL 33160 DO NOT WRITE IN THIS SPACE

FILED Apr 30, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPA				01222007	No Chg-P	CRZEUS	4 (T1/US)
				4. FEI Numb 20-167	FEI Number 20-1675188		Applied For Not Applicable
				5. Certificate	of Status Desired		8.75 Additional ee Required
	6. Name and Address of Current Regis	itered Agent					
HYMAN & KAPLAN, ET AL 150 WEST FLAGLER ST #2701 MIAMI, FL 33130			DO NOT WRITE IN THIS SPACE				
the obligat	e named entity submits this statement for the patients of registered agent.	ourpose of changing its register	ed office or re	egistered agent, or bo	oth, in the State of Florid	ta. I am fa	miliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	eutangia InagA be	required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Find Trust Fund Contribution				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARSHAW, MELVIN 2000 ISLAND BLVD UNIT 902 AVENTURA, FL 33160						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000742 05/15/07-80		3 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- 	DO	NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS		;	1				,

12. I hereby certify that the information supplied with this fitting 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: Z

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELVIN WARSHAW

1/24/07

305-898-757