

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90029 019 ***150.00

DOCUMENT # P04000139099

1. Entity Name
ARMAND KERMANI, P.A.



Principal Place of Business
**1680 N.E. 104TH STREET
MIAMI SHORES, FL 33138**

Mailing Address
**1680 N.E. 104TH STREET
MIAMI SHORES, FL 33138**

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2. Principal Place of Business - No P.O. Box #

3180 S. Ocean Dr.

3. Mailing Address

3180 S. Ocean Dr.

Suite, Apt. #, etc.

Suite 1514

Suite, Apt. #, etc.

Suite 1514

City & State

Hallandale Beach

City & State

Hallandale Beach, FL

Zip

33009

Country

USA

Zip

33009

Country

USA

01212008

Chg-P

CR2E034 (12/06)

4. FEI Number

37-1505709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KERMANI, ARMAND
1680 N.E. 104TH STREET
MIAMI SHORES, FL 33138**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]

1-21-08

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MR
KERMANI, ARMAND
1680 NE 104 ST
MIAMI SHORES, FL 33138**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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

[Signature]

1-21-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #