


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 09, 2006 8:00 am
Secretary of State
04-24-2006 90416 002 ***150.00

DOCUMENT # P05000163003 1. Entity Name ARMB CORPORATION																											
Principal Place of Business 3247 RICKY DR JACKSONVILLE FL 32223		Mailing Address 3247 RICKY DR JACKSONVILLE FL 32223																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																									
City & State Zip		City & State Zip																									
Country		Country																									
4. FEI Number 20-3939135		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 MOLINA, ROGER 3247 RICKY DR JACKSONVILLE FL 32223		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying)</small>																											
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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:10%;">TITLE</td> <td style="width:60%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOLINA, ROGER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3247 RICKY DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE FL 32223</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	MOLINA, ROGER		STREET ADDRESS	3247 RICKY DR		CITY - ST - ZIP	JACKSONVILLE FL 32223		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>ROGER MOLINA</i></u> ROGER MOLINA <u>4/12/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											