2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P06000117663 1. Entity Name 04-30-2007 90388 025 ***150.00 ARMADA FUNDING INTERNATIONAL, CORP. Principal Place of Business Mailing Address 7855 NW 12 STREET STE. 210 7855 NW 12 STREET STE. 210 MIAM! FL 33126 MIAMI FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAZQUEZ, JOSE Street Address (P.O. Box Number is Not Acceptable) 7855 NW 12 STREET STE. 210 MIAMI FL 33126 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, typed or printed name of registered agent and title i applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIIU. □ Delete MUE ☐ Change Addition ALBA REILLY, KEYLA NAME NAME 7855 NW 12 ST., STE. 210 STREET ADORESS STREET ADDRESS MIAMI FL 33126 CITY - ST- ZIP CITY-ST-ZIE Delete DHE ☐ Change HILF Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delele THE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS GITY-SI-ZIP CITY-CT-ZIP-THE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST - ZIP ☐ Defele ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITU Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST- ZIP 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.

SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #