## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000078906

Entity Name: ARMON CAPITAL CORP.

MIMUN, ELIAS V

1144 NORTH OCEAN BOULEVARD

PALM BEACH, FL 33480 US

Name:

Address:

City-St-Zip:

FILED Apr 26, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1144 NORTH OCEAN BOULEVARD PALM BEACH, FL 33480 **Current Mailing Address: New Mailing Address:** 222 LAKEVIEW AVENUE, SUITE 950 WEST PALM BEACH, FL 33401 FEI Number: 26-3233962 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOCHMAN, RONALD S ESQ. KOCHMAN & ZISKA PLC 222 LAKEVIEW AVENUE, SUITE 950 WEST PALM BEACH, FL 33401 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MIMUN, ELIAS V Name: Name: 1144 NORTH OCEAN BOULEVARD Address: Address: City-St-Zip: PALM BEACH, FL 33480 US City-St-Zip: VΡ Title: Title: () Delete () Change () Addition Name: MIMUN, ELIAS V Name: 1144 NORTH OCEAN BOULEVARD Address: Address: PALM BEACH, FL 33480 US City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition MIMUN, ELIAS V Name: Name: 1144 NORTH OCEAN BOULEVARD Address: Address: City-St-Zip: PALM BEACH, FL 33480 US City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ELIAS V. MIMUN PRS 04/26/2009