

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000069872

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** ARM MOVING SERVICES, INC.

**Current Principal Place of Business:**

4322 SW PORT WAY  
PALM CITY, FL 34990

**New Principal Place of Business:**

2900 NW 27TH AVENUE  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

4322 SW PORT WAY  
PALM CITY, FL 34990

**New Mailing Address:**

2900 NW 27TH AVENUE  
POMPANO BEACH, FL 33069

**FEI Number:** 27-0768942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BACALIS, NICHOLAS  
4322 SW PORT WAY  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

LIONTI, PAUL M  
2900 NW 27TH AVENUE  
POMPANO BEACH, FL 33069 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: PAUL M. LIONTI

01/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BROWN, STEVEN  
Address: 2900 NW 27TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33069

Title: CFO  
Name: LIONTI, PAUL M  
Address: 2900 NW 27TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33069

Title: S  
Name: KOPP, MICHELLE E  
Address: 2900 NW 27TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33069

I hereby 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 all other like empowered.

SIGNATURE: MARK S. PIERCE

CEO

01/24/2011

Electronic Signature of Signing Officer or Director

Date