


A M E N D E D  
**2004 FOR PROFIT CORPORATION  
 AMENDED ANNUAL REPORT**

<b>DOCUMENT # P93000031837</b> 1. Entity Name <b>ARMET ARMORED VEHICLES INC.</b>	
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FILED  
 04 JUL -1 AM 10:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business <b>12600 BELCHER RD SUITE B          LARGO, FL 33773 US</b>	Mailing Address <b>12600 BELCHER RD SUITE B          LARGO, FL 33773 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

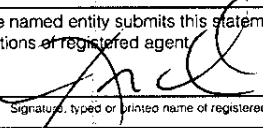
06302004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3215490</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BREIT, RICHARD ESQ.          150 NORTH UNIVERSITY DR., STE 200          PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name <b>CFRA, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>Corporate Center Three at Int'l Plaza</b> <b>4221 W. Boy Scout Blvd., 10th Floor</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33607-5736</b>
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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  (NOTE: Registered Agent signature required when reinstating) DATE

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  WILLIAM R. WHYTE, President 6-30-04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #