2007 FOR PROFIT CORPORATION

Feb 05, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P95000007654 02-05-2007 90080 007 ***150.00 ARMÁS MACHINE SHOP, INC. Principal Place of Business Mailing Address 40000---2655 N.W. 23RD STREET 2655 N.W. 23RD STREET MIAMI, FL 33142 MIAMI, FL 33142 01232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0589029 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, JOSE R DO NOT WRITE 366 E 11'STREET HIALEAH, FL 33010 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE I\$ \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PSTD PEREZ, JOSE R NAME 230 E 65 STREET STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: >

CITY-ST-7IP

PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #