2008 FOR PROFIT CORPORATION

Apr 07, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P95000007654 ARMAS MACHINE SHOP, INC. Principal Place of Business Mailing Address 2655 N.W. 23RD STREET 2655 N.W. 23RD STREET MIAMI, FL 33142 MIAMI, FL 33142 01252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0589029 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PEREZ, JOSE R **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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 000000885326 04/18/08-80009-015 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00-Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSTD** TITLE PEREZ, JOSE R NAME STREET ADDRESS 230 E 65 STREET CHY-ST-ZIP HIALEAH, FL 33013 TITLE NAME STREET ADDRESS CITY-ST-ZIP TUTLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME

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 will an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

YPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED