

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000074229

Entity Name: ARMANDO'S, INC.

FILED  
Apr 12, 2005  
Secretary of State

## Current Principal Place of Business:

9090 NW SOUTH RIVER DR  
SUITE 1  
MEDLEY, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

9090 NW SOUTH RIVER DR  
SUITE 1  
MEDLEY, FL 33166

## New Mailing Address:

FEI Number: 65-0610848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FEBLES, ARMANDO  
9090 NW SOUTH RIVER DR  
MEDLEY, FL 33166 US

## Name and Address of New Registered Agent:

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:

Title: D ( ) Delete  
Name: FEBLES, ARMANDO  
Address: 9090 NW SOUTH RIVER DR  
City-St-Zip: MEDLEY, FL 33166

Title: PD ( ) Delete  
Name: OSMAN, JACK  
Address: 9655 W BROADVIEW DR  
City-St-Zip: BAY HARBOR, FL 33154

Title: ST ( ) Delete  
Name: BURGOS, LUCY  
Address: 9090 NW SOUTH RIVER DR  
City-St-Zip: MEDLEY, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: FEBLES, ARMANDO  
Address: 9090 NW SOUTH RIVER DR  
City-St-Zip: MEDLEY, FL 33166

Title: PD (X) Change ( ) Addition  
Name: OSMAN, ELLEN  
Address: 7404 SW 134 STREET  
City-St-Zip: MIAMI, FL 33156

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: ELLEN OSMAN

P

04/12/2005

Electronic Signature of Signing Officer or Director

Date