

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

I did not **FILED**
Jul 10, 2007 08:00 AM
Secretary of State
renewal notice

DOCUMENT # P98000014090

1. Entity Name
ARMELLA INTERNATIONAL CONSULTANTS, INC.



Principal Place of Business
6187 NW 167TH STREET
H-13
MIAMI, FL 33015 US

Mailing Address
6187 NW 167TH STREET
H-13
MIAMI, FL 33015 US

DO NOT WRITE IN THIS SPACE



07042007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0824711
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ALONSO
1008 JEFFERSON AVE
STE 302
MIAMI BEACH, FL 33139

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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

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/21/07

**FILE NOW!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARMELLA, JOSE A
STREET ADDRESS	1008 JEFFERSON AVE STE 302
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	ARMELLA, JUDITH
STREET ADDRESS	1008 JEFFERSON AVE, STE 302
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	PEREZ, ALONSO
STREET ADDRESS	1008 JEFFERSON AVENUE SUITE 302
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/10/07-80020-009 158.75

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IN THIS SPACE**

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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/07 7862602297
Date Daytime Phone #