

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000038781



1. Entity Name  
ARMADA HOLDINGS, INC.

Principal Place of Business  
6039 COLLINS AVE  
#1537  
MIAMI BEACH, FL 33140

Mailing Address  
6039 COLLINS AVE  
#1537  
MIAMI BEACH, FL 33140



07012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0835786

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARRODEGUAS, VICENTE  
6039 COLLINS AVE  
#1537  
MIAMI BEACH, FL 33140

**DO NOT WRITE  
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARRODEGUAS, MARTA  
STREET ADDRESS 6039 COLLINS AVENUE #1537  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE SD  
NAME CARRODEGUAS, VINCENT  
STREET ADDRESS 7932 SW 110 TERRACE  
CITY-ST-ZIP MIAMI, FL 33156

TITLE D  
NAME CARROESAU, VINCENTE  
STREET ADDRESS 6039 COLLINS AVE # 1537  
CITY-ST-ZIP MIAMI, FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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07/12/05-80006-004 558.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Vicente Carrodegua* 7/5/05 (305) 323-2342