2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/29/2005-90012-040-$150.00-$150.00

FILED 05 AUG 22 PM 1:31 SECRETARY OF STATE TALLAHASSEE

1st MOORE CR2E034 (10/04)

DOCUMENT # P99000088998

1. Entity Name
ARMAS, INC.

Principal Place of Business	Mailing Address
4731 WEST ATLANTIC AVENUE B12 DELRAY FL 33445	4731 WEST ATLANTIC AVENUE B12 DELRAY FL 33445

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0964264 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ARMAS, ORLANDO 4731 W.ATLANTIC AVE B12 DE RAY FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: X [signature] ORLANDO 7/22/05 561-499-9947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ARMAS PHYSICIANS ASSOCIATION
4731 WEST ATLANTIC AVE. SUITE B-12
DELRAY BEACH, FL 33445
OFFICE: 561-499-9947 FAX: 561-499-9344

8/17/05

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference Number: P99000088998

To whom it may concern:

Please be advised I received 2005 for Profit Corporation Annual Report on July 21, 2005, and the payment was due by 5/1/05. I wrote the check in the amount of $150.00 on July 21, 2001, when I received the notice. I am now in receipt of your letter dated 8/2/05 saying we owe another $400.00. I am asking you to please waive this balance as I stated above, I did not receive the original notice until July 21, 2005. Please notify me upon receipt of this letter. Thank you for your prompt attention to this matter.

Sincerely,

Mirsolia Devereaux
(Vice President)