2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# P99000088998

Entity Name: ARMAS, INC.

Current Principal Place of Business:

4731 WEST ATLANTIC AVENUE
B12
DELRAY, FL 33445

New Principal Place of Business:

4731 WEST ATLANTIC AVENUE
B12
DELRAY, FL 33445 US

Current Mailing Address:

4731 WEST ATLANTIC AVENUE
B12
DELRAY, FL 33445

New Mailing Address:

4731 WEST ATLANTIC AVENUE
B12
DELRAY, FL 33445 US

FEI Number: 65-0964264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUPLOW, MICHELLE A
4731 W. ATLANTIC AVE
B12
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

CALVARESE PROFESSIONAL ACCOUNTING
2200 N. FEDERAL HIGHWAY
SUITE #201
BOCA RATON, FL 33431 US

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: BRIAN C. CALVARESE 03/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: ARMAS, ORLANDO J
Address: 4731 W.ATLANTIC AVE B12
City-St-Zip: DELRAY BEACH, FL 33445

Title: S (X) Delete
Name: LUPLOW, MICHELLE A
Address: 4731 W. ATLANTIC AVE B12
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ARMAS, ORLANDO J
Address: 4731 W.ATLANTIC AVE B12
City-St-Zip: DELRAY BEACH, FL 33445

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ORLANDO J. ARMAS PD 03/06/2009
Electronic Signature of Signing Officer or Director Date