


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000095491</b> 1. Entity Name <b>THE ARMADAS FINANCIAL INVESTMENTS, INC.</b>	
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Principal Place of Business <b>8906 NW 194 TERR MIAMI, FL 33018</b>	Mailing Address <b>8906 NW 194 TERRACE HIALEAH, FL 33018</b>
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**DO NOT WRITE IN THIS SPACE**



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0957862</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ARMADA, JOSE  
8906 NW 194 TERRACE  
HIALEAH, FL 33018**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARMADA, JOSE 8906 NW 194 TERR MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ALVAREZ, ANNETTE A 3081 NW 24 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ARMADA, JOSE JR 3081 NW 24 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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03/30/05-80017-017 150.00

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:**  **President** **3/28/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #