

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21166

FILED
Apr 19, 2004
Secretary of State

Entity Name: ARMAN DEVELOPMENT CO.

Current Principal Place of Business:

501 BRICKELL KEY DRIVE
SUITE 400
MIAMI, FL 33131 US

Current Mailing Address:

501 BRICKELL KEY DRIVE
SUITE 400
MIAMI, FL 33131 US

New Principal Place of Business:

501 BRICKELL AVENUE
SUITE 1580
MIAMI, FL 33131 US

New Mailing Address:

501 BRICKELL AVE
SUITE 1580
MIAMI, FL 33131 US

FEI Number: 65-0331463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NS CORPORATE SERVICES INC.
501 BRICKELL EXPRESS
SUITE 400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

NS CORPORATE SERVICES INC.
501 BRICKELL AVE
SUITE 1580
MIAMI, FL 33131 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:

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SLOSBERGASS, NELSON,
Address: 501 BRICKELL KEY DRIVE, SUITE 400
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: SLOSBERGAS, CLARA
Address: 501 BRICKELL KEY DRIVE, SUITE 400
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SLOSBERGASS, NELSON,
Address: 501 BRICKELL AVE, SUITE 1580
City-St-Zip: MIAMI, FL

Title: VP (X) Change () Addition
Name: SLOSBERGAS, CLARA
Address: 501 BRICKELL AVE, SUITE 1580
City-St-Zip: MIAMI, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NELSON SLOSBERGAS

N

04/19/2004

Electronic Signature of Signing Officer or Director

Date