


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # V56285
 1. Entity Name
ARMARY CORPORATION



Principal Place of Business Mailing Address
 246 S.W. 102ND PL 246 S.W. 102ND PL
 MIAMI, FL 33174 MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0349804 Not Applicable

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

6. Name and Address of Current Registered Agent
 LOPEZ, ARMANDO
 246 S.W. 102ND PLACE
 MIAMI, FL 33174

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | PSTD |
| NAME | LOPEZ, ARMANDO |
| STREET ADDRESS | 246 S.W. 102ND PLACE |
| CITY-ST-ZIP | MIAMI, FL 33174 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 04/27/04-80026-023 150.00

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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: *Armando Lopez* **Armando Lopez** 4/22/2004 (305) 886-2830
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone If