

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90195 036 ***150.00

DOCUMENT # P00000090505

1. Entity Name

Automated Merchandising, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

141 S.E. 3rd Ave.

Suite, Apt. #, etc.

Apt. #106

3. Mailing Address

141 S.E. 3rd Ave.

Suite, Apt. #, etc.

APT. #106

City & State

Dania Beach, FL

City & State

Dania Beach, FL

4. FEI Number

65-1042881

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Raymond O. Rose*

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

141 S.E. 3rd Ave., Apt #106

City

Dania Beach

FL

Zip Code

33004

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<i>D/PSIT</i>	TITLE	
NAME	<i>Raymond O. Rose</i>	NAME	
STREET ADDRESS	<i>141 S.E. 3rd Ave., #106</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Dania Beach, FL 33004</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond O. Rose

Raymond O. Rose

4/29/04

954-854-1928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)