

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

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90085 048 \*\*\*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.

3. Mailing Address

P.O. Box 821406

Suite, Apt. #, etc.

#106

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dania Beach, FL

City & State

South Florida, FL

4. FEI Number

65-1042881

Applied For

Not Applicable

Zip

33004

Country

USA.

Zip

33082-1406

Country

USA.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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

**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.

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 requirement and elects to do so. (See criteria on back)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST Raymond O. Rose 141 S.E. 3rd Ave., Apt. #106 Dania Beach, FL 33004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 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, duly empowered.

SIGNATURE: *Raymond O. Rose* Raymond O. Rose 3/10/03 954-854-1928  
Date Daytime Phone #

CR2E034B (12/01)