

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038933

FILED  
Jan 07, 2004  
Secretary of State

Entity Name: SKY VENDING & AMUSEMENT INC.

**Current Principal Place of Business:**

2932 SW 141 TERRACE  
DAVIE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

2932 SW 141 TERRACE  
DAVIE, FL 33330

**New Mailing Address:**

FEI Number: 65-0460552      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUTIERREZ, RAFAEL  
2932 SW 141 TERRACE  
DAVIE, FL 33330

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GUTIERREZ, RAFAEL  
Address: 2932 SW 141 TERRACE  
City-St-Zip: DAVIE, FL 33330

Title: DST ( ) Delete  
Name: GUTIERREZ, MARLEN  
Address: 2932 SW 141 TERRACE  
City-St-Zip: DAVIE, FL 33330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RAFAEL GUTIERREZ

DP

01/07/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date