


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90039 048 \*\*\*150.00

**DOCUMENT # P03000038933**

1. Entity Name  
**SKY VENDING & AMUSEMENT INC.**



Principal Place of Business  
**2932 SW 141 TERRACE  
 DAVIE, FL 33330**

Mailing Address  
**2932 SW 141 TERRACE  
 DAVIE, FL 33330**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01272006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number  
**65-0460552**

Applied For  
 Not Applicable

City & State

Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GUTIERREZ, RAFAEL  
 2932 SW 141 TERRACE  
 DAVIE, FL 33330**

Name  
**Gutierrez RAFAEL**

Street Address (P.O. Box Number is Not Acceptable)  
**8622 NW 47 DR  
 CORAL SPRINGS FL**

City  
**FL** Zip Code  
**33067**

8. The above named entity admits 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:  **RAFAEL Gutierrez** **01-27-06**

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input type="checkbox"/> Delete
NAME	GUTIERREZ, RAFAEL	
STREET ADDRESS	2932 SW 141 TERRACE	
CITY-ST-ZIP	DAVIE, FL 33330	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GUTIERREZ, MARLEN	
STREET ADDRESS	2932 SW 141 TERRACE	
CITY-ST-ZIP	DAVIE, FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>8622 NW 47 DR          CORAL SPRINGS FL 33067</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>8622 NW 47 DR          CORAL SPRINGS FL 33067</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 my address, with all other like empowered.

SIGNATURE:  **RAFAEL Gutierrez** **01-27-06** **954-442-6992**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #