## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000015634

1. Entity Name

ABC UNIVERSAL VENDING, INC.



Principal Place of Business

800 SANDGATE ST MERRITT ISLAND, FL 32953 US

Mailing Address

800 SANDGATE ST MERRITT ISLAND, FL 32953

US

FILED Apr 23, 2004 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E

CR2E034 (10/03)

4. FEI Number 59-3436096 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, MITCHELL S ESQ 96 WILLARD STREET #302 COCOA, FL 32922

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered ager	t, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	
SIGNATURE	
Signature, hyperfor printed name of registered agent and title if applicable INOTE. Registered Agent signature required when reint	ating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS	
ITILE D NAME MADEUX, NICOLE STREET ADDRESS CITY-ST-2IP MERRITT ISLAND, FL 32953	000000126471 04/23/04-80035-010 150.00
TITLE D NAME MADEUX, MARK STREET ADDRESS 800 SANDGATE ST CITY-SI-ZIP MERRITT ISLAND, FL 32953	
TITLE NAME STREET ADDRESS GITY-ST-7P	OO NOT WRITE

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADORESS CITY - ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4.19.03

IN THIS SPACE

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