

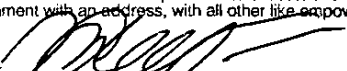


FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 651254				FILED	
1. Entity Name FEDERAL VENDING, INC.				08 AUG -7 PM 4:29	
Principal Place of Business 1101 HOLLAND DR 20 BOCA RATON, FL 33487		Mailing Address 1101 HOLLAND DR 20 BOCA RATON, FL 33487		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08012008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 59-1944233	
Zip		Zip		Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MATTLIN, FRED W, ESQ C/O MATTLIN & WAYMAN, PL 1900 GLADES RD ONE LINCOLN PL #245 BOCA RATON, FL 33431				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	DIVISIC	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORD, JOEL		NAME	Groueva, Teodora	
STREET ADDRESS	1101 HOLLAND DR, #20		STREET ADDRESS	1101 Holland Dr #20	
CITY - ST - ZIP	BOCA RATON, FL 33487		CITY - ST - ZIP	Boca Raton, FL 33487	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROUEVA, TEODORA		NAME	Cheryl Winkler	
STREET ADDRESS	1101 HOLLAND DR		STREET ADDRESS	1101 Holland Dr #20	
CITY - ST - ZIP	BOCA RATON, FL 33487		CITY - ST - ZIP	Boca Raton, FL 33487	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 an address, with all other like empowered.					
SIGNATURE: 		08/07/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

KS