


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000004690**  
1. Entity Name  
MERCHANDISE AUTOMAT, INC.



Principal Place of Business: 125 WORTH AVENUE, SUITE 112, PALM BEACH, FL 33480  
Mailing Address: 125 WORTH AVENUE, SUITE 112, PALM BEACH, FL 33480

**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0937212  
Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
CANNON, ROBERT W  
C/O 400 ROYAL PALM WAY LTD PARTNERSHIP  
400 ROYAL PALM WAY STE 206  
PALM BEACH, FL 33480

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	CANNON, ROBERT W
STREET ADDRESS	400 ROYAL PALM WAY STE 206
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000236118  
02/21/05-80004-025 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert W. Cannon, Vice President 2/8/2005 (561)655-3466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #