

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90004 041 ***550.00

DOCUMENT # F99000005392

1. Entity Name

SOUTH FLORIDA VENDING, INC.



Principal Place of Business

1200 STIRLING RD.
SUITE 10A
DANIA FL 33004

Mailing Address

1200 STIRLING RD.
SUITE 10A
DANIA FL 33004

2. Principal Place of Business

3400 SW 26 TERRACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8A

Suite, Apt. #, etc.

City & State

SANT LADENDALE

City & State

FLORIDA

Zip

33312

Country

USA

Zip

Country

Country

4. FEI Number

52-1949822

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

STEINBERG, HOWARD A
1720 HARRISON ST.
SUITE 7B
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

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

Signature, Title, or Print Name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/6/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CHAIKIN, STEPHEN
STREET ADDRESS 1232 17TH STREET, N.W.
CITY-ST-ZIP WASHINGTON DC 20036

TITLE D ☐ Delete
NAME FLORIN, NEIL
STREET ADDRESS 1232 17TH STREET, N.W.
CITY-ST-ZIP WASHINGTON DC 20036

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME Stephen Chikira
STREET ADDRESS 3400 SW 26 TERRACE A-8
CITY-ST-ZIP PT LADENDALE FL 33312

TITLE Vice President ☒ Change ☐ Addition
NAME NEIL FLORIN
STREET ADDRESS 3400 SW 26 TERRACE A-8
CITY-ST-ZIP PT LADENDALE FL 33312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/6/06 9549291085