2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90016 025 ****50.00

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04212004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000029154

1. Entity Name
GOLD COAST VENDING SERVICES, LLC

Principal Place of Business	Mailing Address
12817 S.W. 54TH COURT MIRAMAR, FL 33027	12817 S.W. 54TH COURT MIRAMAR, FL 33027

2. Principal Place of Business	3. Mailing Address
10263 N.W. 53 ST.	10263 N.W. 53 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise, Fl. 33351.	City & State: Sunrise, Fl.
Zip: 33351 Country: USA	Zip: 33351 Country: USA

4. FEI Number: 30-0125557 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAMATA, MERCY
12817 S.W. 54TH COURT
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

Name: Da Mata, Mercy
Street Address (P.O. Box Number is Not Acceptable): 12817 S.W. 54 Ct.
City: Miramar FL Zip Code: 33027

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] 4/20/04.

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	P DAMATA, MERCY 12817 SW 54 CT MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/20/04 (305) 302 6751.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #