


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90385 035 ***150.00

DOCUMENT # **L61728**
1. Entity Name
ICE CREAM vendors inc.



DO NOT WRITE IN THIS SPACE

40074990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
BROWARD, DADE CITY
Suite, Apt. #, etc.

3. Mailing Address
1256 NW 1635Y
Suite, Apt. #, etc.

City & State
MIAMI GANS, FLOR

City & State
Zip
33014 Country
USA

4. FEI Number
65-0182377

Applied For
No: Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MILTON KORDISH

Street Address (P.O. Box Number is Not Applicable)
7414 PARKWAY DR.

City
TAMARAC, FL Zip Code
33321

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.

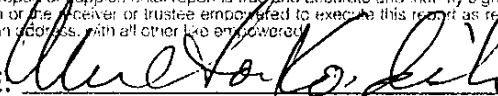
SIGNATURE _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	MILTON KORDISH 7414 PARKWAY DR TAMARAC FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071(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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Date of Filing _____

CR2E034B (12/02)