

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90003 015 ***150.00

DOCUMENT # M84522

1. Entity Name
A-MAR VENDING COMPANY INC.



Principal Place of Business
**4000 ISLAND BOULEVARD
SUITE 2302
AVENTURA, FL 33160 US**

Mailing Address
**% MARSHA KOOLIK
4000 ISLAND BLVD., SUITE 2302
AVENTURA, FL 33160 US**



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0063774

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KOOLIK, MARSHA
4000 ISLAND BOULEVARD
SUITE 2302
AVENTURA, FL 33160**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOOLIK, MARSHA
STREET ADDRESS	4000 ISLAND BLVD.
CITY-ST-ZIP	WILLIAMS ISLAND, FL
TITLE	D
NAME	KOOLIK, GARY
STREET ADDRESS	6761 ENTRADA PLACE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	S
NAME	KOOLIK, SCOTT IAN
STREET ADDRESS	4000 ISLAND BLVD
CITY-ST-ZIP	WILLIAMS ISLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(l), 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 #

7/12/04 305-935-5824