
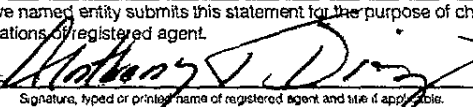
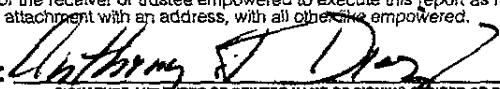


**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000009428</b>				<b>May 04, 2005 08:00 AM</b>		<b>Secretary of State</b>	
1. Entity Name <b>MILLENNIUM VENDING CORPORATION</b>							
Principal Place of Business <b>3953 VERSAILLES DRIVE TAMPA, FL 33634</b>				Mailing Address <b>3953 VERSAILLES DRIVE TAMPA, FL 33634</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>DIAZ, ANTHONY JOSEPH 3953 VERSAILLES DRIVE TAMPA, FL 33634</b>				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> 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 				DATE <b>4/29/05</b>			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<b>PRES DIAZ, ANTHONY JOSEPH 3953 VERSAILLES DRIVE TAMPA, FL 33634</b> <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000361556 05/05/05-80080-025 150.00</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<b>D DIAZ, PEGGY 3953 VERSAILLES DRIVE TAMPA, FL 33634</b> <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 officers empowered.							
SIGNATURE: 				DATE <b>4/29/05</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			