2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 Al Secretary of State

·	ANNOAL	. KEPVKI		- Convetage of Ca
DOCUMENT # P0000009428 1. Entity Name				Secretary of St
MILLENNIUM VENDING CORPORATION				
Principal Plac	ce of Business	Mailing Address		┥
3953 VERSAILLES DRIVE		3953 VERSAILLES DRIV TAMPA, FL 33634	ľE	
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt		Suite, Apt. #, etc.		04222007 Chg-P CR2E034 (12/06)
City & Sta	le	City & State		4, FEI Number Applied For
Zip	Country	Zip	Country	59-3620815 Not Applicab. 5. Certificate of Status Desired See Required See Required
	6. Name and Address of Current	Registered Agent	-	7. Name and Address of New Registered Agent
DIAZ, ANTHONY JOSEPH				
3953 VERSAILLES DRIVE TAMPA, FL 33634			Street Address	(P.O. Box Number is Not Acceptable)
	•		City	. FL Zip Code
8. The above the obliga	a named entity submits this statement follows of registered agent.	r the purpose of changing its	registered office or registi	ered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Anthony J. (Signature, typed or priviled name of registered agent	D'AZ and time if applicable (NOTE	Outtee Registered Agent Signature recomp	1. Dy 4/20/07 DATE DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contr		5.00 May Be Ided to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PRE\$	☐ Delete	TITLE	U00000746213 □ Change □ Additio
NAME CORECT ADDRESS	DIAZ, ANTHONY JOSEPH	,	NAME	05/16/07-80060-025 150.0R
STREET ADDRESS CITY-ST-ZIP	3953 VERSAILLES DRIVE TAMPA, FL 33634	. /	STREET ADDRESS CITY-ST-ZIP	004 104 01 00000 023 130100
IIILE	D	Delete	DOLE.	☐ Change ☐ Addition
NAME	DIAZ, PEGGY		NAME	
STREET ADDRESS CITY-ST-ZIP	3953 VERSAILLES DRIVE TAMPA, FL 33634		STREET ADDRESS CITY-ST-ZIP	
TITLE	17.W1 7.1 L 00004	☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	and Country and Country
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
THLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CIIY-SI-ZIP			CITY - ST - ZIP	
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STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY+ST-ZIP	
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	1	F=1 DC1010		
NAME	••		NAME	
NAME STREET ADDRESS CITY-ST-ZIP	••		NAME STREET ADDRESS CITY-ST-ZIP	•

Thereby certify that the information supplied with this liling coes not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 TYPES OR CONTENT ON AME OF SIGNING OFFICER OR DIRECTOR

4/20/07

813/882-4300 Daytime from *