


Questionnaire for 2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90273 020 ***150.00

DOCUMENT # P00000035198		
1. Entity Name PALM BEACH VENDING, INC.		

Principal Place of Business 201 INLET WAY 10 PALM BEACH SHORES, FL 33404	Mailing Address P.O. BOX 10956 WEST PALM BEACH, FL 33419
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2. Principal Place of Business 725 Hummingbird Way Suite, Apt. #, etc. 104	3. Mailing Address 725 Hummingbird Way Suite, Apt. #, etc. 104
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City & State No. PALM BEACH FL.	City & State No. PALM BEACH FL.
Zip 33408	Zip 33408
Country PB	Country PB



04122005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent COHEN, RAY 201 INLET WAY #10 PALM BEACH SHORES, FL 33404	7. Name and Address of New Registered Agent Name Cohen RAY Street Address (P.O. Box Number is Not Acceptable) 725 Hummingbird Way # 104 City No. PALM BEACH FL. FL Zip Code 33408
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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 Ray Cohen (NOTE: Registered Agent signature required when reinstating) DATE 4/11/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, RAY JR 201 INLET WAY #10 PALM BEACH SHORES, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cohen RAY 725 Hummingbird Way # 104 No. PALM BEACH FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ray Cohen DATE 4/11/05 5618451926

http://www.cdc.gov/ncidod/dvrd/rabies/Questions/q&a.htm

4/11/2005