


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2006 8:00 am**  
**Secretary of State**

07-26-2006 90002 040 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |                                                                                  |                                                              |                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P01000022349</b><br>1. Entity Name<br>BELKIS VENDING USA INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |                                                                                  |                                                              |                                  |  |
| Principal Place of Business<br>3349 SW 143 PL<br>MIAMI, FL 33175                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                                                                                  | Mailing Address<br>3349 SW 143 PL<br>MIAMI, FL 33175         |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                             |                                                                                  | 3. Mailing Address<br>Suite, Apt. #, etc.                    |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             |                                                                                  | City & State                                                 |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             | Country                                                                          |                                                              | Zip                                                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             | Country                                                                          |                                                              | 4. FEI Number<br>65-1079456                                                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                                  |                                                              | Applied For<br>Not Applicable                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br>GUERRA, REINALDO<br>3349 SW 143 PL<br>MIAMI, FL 33175                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                  |                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                                                  |                                                              | \$8.75 Additional Fee Required                                                                                    |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             |                                                                                  |                                                              |                                                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                              | \$5.00 May Be Added to Fees                                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DP<br>GUERRA, REINALDO<br>3349 SW 143 PL<br>MIAMI, FL 33175 |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Delete                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DTS<br>GUERRA, BELKIS<br>3349 SW 143 PL<br>MIAMI, FL 33155  |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                             |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                             |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                             |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                             |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             |                                                                                  |                                                              |                                                                                                                   |  |

50023211



07202006 Chg-P CR2E034 (11/05)

7/20/06

ATTACHMENT  
50023211

Miami, florida  
July 20, 2006


Devision of Corporation  
Tallahassee, Fl.

RE: Belkis Vending USA Inc  
Document # p01000022349  
Annual Report 2006 year

Attached for your record the report of reference and check covering the fee.

The report never was received in our address.

Thank you for you attention to this letter.

  
Reinaldo Guerra  
President