2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000045750

1. Entity Name

CUSTOM VENDING SOLUTIONS, INC.



Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Principal Place of Business 260 SCARLET BOULEVARD OLDSMAR, FL 34677

260 SCARLET BOULEVARD OLDSMAR, FL 34677

FILED Jan 20, 2004 08:00 AM Secretary of State



CR2E034 (10/03)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134

SIGNATURE:

DO NOT WRITE IN THIS SPACE

				IN THIS SPACE				
8. The above	named entity submits this statement for the p	urnose of changing its registers	ed office or r		orfi, in the State of Flori	sesser i per la comitar e	with and accept	
the obliga	tions of registered agent.	: CHAIL A	ed diffice, of the	egistereo agerir, or bi	our, in the state of Flora	aa. Tantianiilari	viiii, and accept	
SIGNATURE.		······································	v		د د مسر او از			
	Signature, typed or printed hame of registered agent and title	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	an and the same	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			cing .	\$5.00 May Be Added to Fees			,	
10.	OFFICERS AND DIREC	TORS	Ì		<u> </u>			
TITLE	PSD	•						
MAME OTRECT ADDRESSE	RIVEROS, RICHARD J	٠٠.			* * * * * * * * * * * * * * * * * * * *		** *	
STREET ADDRESS CITY-ST-ZIP	260 SCARLET BOULEVARD OLDSMAR, FL 34677	•					التحالمية معولون الراوري	
TITLE	TO	 	*		Попичи	07213	* * * * * * * * * * * * * * * * * * * *	
NAME	RIVEROS, GUIDO L	· ·			U000000 01/20/04-8	ŎŎĪ4-O11	150. M	
STREET ADDRESS	260 SCARLET BOULEVARD	İ						
CITY-ST-ZIP	OLDSMAR, FL 34677						,	
TITLE								
NAME								
STREET ADDRESS				DO	NOT WE	DITE		
CITY-ST-ZIP			,	,, DO	TACL AND	1111		
TITLE				IN '	THIS SPA	ACE	i	
NAME Street Adoress								
CITY-ST-ZIP	•			a	eren er		. is proceeding	
TITLE				•				
NAME								
STREET ADDRESS		·						
CITY-ST-ZIP		1929 July 14 Calmin 18 19 11 11	:	* 1 .		·· .		
TITLE		the contract of the second		•				
NAME OXOGET LODGE OF					,		į	
STREET ADDRESS CITY-ST-ZIP		,	į					
			L		<u>January na najara na najary na na najary na na najary najary na najary najary na najary naj</u>			
12. I hereby of indicated of the corchanged,	ertify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exen nd accurate and that my signate to execute this report as require other like empowered.	nption stated ure shall hav ed by Chapt	i in Section 119,07(3) e the same legal effe er 607, Florida Statuti	n(i), Florida Statutes. I fu ct as if made under oat es; and that my name a	rther certify that the thick that the thick that I am an offind ppears in Block 1	ne information icer or director 0 or Block 11 if	