	DUNIF	orm busi	MESS REPO	rt (usf	£)	3. ም ጎ የግ ለት	SZNORTI		
DOCUMENT # P0100057974 1. Entity Name HIGH & LOFTY ONE VENDING MACHINE, INC.						APPH A Fl	ND ND LED		
nigh & L	OPIT ONE	VENDING MINOR				05 MAY 10) PM 6:01	5	•
Principal Place 4127 NW 78 L CORAL SPRIN				SECRETAF TALLAHAS	ry of state See, florid	Δ	in the second		
2. Principal I	Place of Busines	TAL, Inc	3. Mailing Address 4127 NW 78 La	ane	j				
Suite, Apt 660	W12 ave	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE MRD					
City & Sta	LAUde	RAALE, FZ	City & State Coral Springs	s. Ft. %%%	'	1. FEI Number 65-1111202		<u> </u>	oplied For ot Applicable
Zip 33	309	Country	Zip	Country		5. Certificate of Status De	esired	\$8.75 Add	ditional
	6. Name at	Broward and Address of Current R	EXX 33065 egistered Agent	Broward	<u></u>	, Name and Address of	New Registered	_ _	
CEBALLAS 4127 NW	•	Name Cebal Street Ac	los (P.C	Cerardo A Sr. D. Box Number is Not Acc	eptable)				
CORAL SPRINGS FL 33065								Zip Cod	ie .
· .	 -	. ,	the purpose of changing its r	City			FL	<u> </u>	
Tax filing	Signature, typed or p coration is eligible	printed name of registered epent en e to satisfy its Intangible d elects to do so.	to any of an initial concession and an initial and	Registered Agent signature FEE IS \$150.00 F69 Will be \$51	0 50.00	n reinstating) 10. Election Camp. Trust Fund Cor			O May Be
11.		OFFICERS AND D	IRECTORS	12.	O Conversion	ADDITIONS/CHANGES	O OFFICERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4127 NW 78	GERARDO A SR LANE NGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		60005 05/24/05(55188 01041010	□ Change 446 **150	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empayaged.

SIGNATURE:

2005 AR