

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000111520

1. Entity Name  
ICE CREAM VENDING CO.



Principal Place of Business  
4723 NW 79 AVE  
MIAMI, FL 33166

Mailing Address

4723 NW 79 AVE  
MIAMI, FL 33166

2. Principal Place of Business  
PO60 W 23 AVE.

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
BAY # 8

Suite, Apt. #, etc.

City & State  
HIALEAH, FL

City & State

Zip 33016 Country MIAMI-DADE

Zip

Country

6. Name and Address of Current Registered Agent

EGUEZ, CARLOS A  
4850 SW 128TH AVE  
SOUTHWEST RANCHES, FL 33330

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

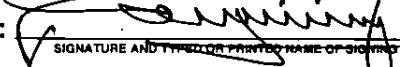
\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD EGUEZ, CARLOS A 4850 SW 128TH AVE SOUTHWEST RANCHES, FL 33330	<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:  CARLOS EGUEZ 04/20/05 (305) 512-2868  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20044229



04212005 Chg-P CR2E034 (10/03)

04-25-2005 90242 022 \*\*\*158.75

Daytime Phone #