## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 09, 2004 08:00 AM DOCUMENT # P02000023882 **Secretary of State** 1. Entity Name ROSE VENDING MAČHINE, INC. Mailing Address Principal Place of Business 503 N W 10TH STREET MIAMI FL 33136 503 N W 10TH STREET MIAMI FL 33136 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 02-0567760 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DURANDISSE, ROSE 503 N W 10TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33136 City 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 DATE INOTE Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition THE Delete $\mathfrak{m}\epsilon$ DURANDISSE, ROSE NAME NAME STREET ADDRESS STREET ADDRESS 503 N W 10TH STREET CITY+ST-ZIP CITY -ST-ZIP MIAMI FL 33136 Change Addition ☐ Delete RILE 3315 NAME NAME STREET ADDRESS STREET ADDRESS U000000044412 CITY -ST-ZIP CITY-ST-ZIP ☐ Addition 73T4 F Change Delete TITLE NAME MAMP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C83Y-ST-23P Addition TITLE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-78P CITY-ST-ZIP ☐ Change ☐ Addition THLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Change Addition HILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

ROSE V. DURANDISSE

**FILED** 

(305) 381-9151

1/22/04