## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2005 8:00 am Secretary of State 02-11-2005 90021 049 \*\*\*150.00

BOCA RATON, FL 33431  2. Principal Pace of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  D1282005 Chg.P. GR2E034 (10103)  App.ed For Int. 33655436  Lity & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  App.ed For Int. 33655436  S. Certificate of Status Desired  Social Country  Annual Country  Annual Country  Annual Country  The MANISCALCO, ADRIENNE  Stage Andress (P.O. Son Number of States of Florida. I am familiar with, and accept the edulgations of registered appril.  SIGNATURE  Social Trial Country  Social Trial Country  Appl. Country  Signature of Int. States of Florida. I am familiar with, and accept the edulgations of registered appril.  Int. Social Trial Country  Social Trial Country  Appl. Country  Signature of Plants o	DOCUMENT # P02000103343  1. Entity Name ALA CARTE VENDING, INC.							02-11-20	005 90021 (	)49 ***150	0.00
2138 NW 2380 WAY BOCK RATON, FL 33431  2. Principal Pace of Businese  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & St	Principal Place of Rusiness Mailing Address										
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City & State  Ci	2. Principal P	3. Mailing Address	ng Address								
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MANISCALCO, ADRIENNE 1010 MARBLE WAY BOCA RATON, FL 33432  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  Speaker, hord or printer rance of registered agent are till if applicable.  White productions of registered agent are till if applicable.  (NOTE Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Speaker, hord or printer rance of registered agent are till if applicable.  (NOTE Registered Agent agent are registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAKE SIGNATURE  SIGNATURE  MANISCALCO, ADRIENNE  SIGNATURE  MANISCALCO, ADRIENNE  SIGNATURE  MANISCALCO, ADRIENNE  SIGNATURE  MANISCALCO, ADRIENNE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  MANISCALCO, ADRIENNE  SIGNATURE  SIG	Zip .	Country .	Zip	Countr	· y		5. Certificate	of Status Des	red 🔲		
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Exca RATON FI. 33431  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SECRETARY STATE STA	1010 MARBLE WAY				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, yound or purried name of registered agent and the 4 septilable. (NOTE Registered Agent sometime required when remeating)  After May 1, 2005 Fee will be \$550.00  After May 1, 2005 Fee will be \$550.00  P. Electric Campaign Financing Addition Frust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MANISCALCO, ADRIENNE 1010 MARBLE WAY BOCA RATON, FL 33432  CITY-ST-2P  TITLE  MAKE SIREET ADDRESS CITY-ST-2P  TITLE MAKE SIREET AD											
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FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.	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.										
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indicated on this report of 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 regeiver 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 attachaged with an address, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-30-05

561-241-6499