

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024302

Entity Name: AMERIVEND RETAIL SERVICES, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

440 P.G.A. BLVD., SUITE 307
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

6039 CYPRESS GARDENS BLVD. #244
WINTER HAVEN, FL 33884

Current Mailing Address:

440 P.G.A. BLVD., SUITE 307
PALM BEACH GARDENS, FL 33410

New Mailing Address:

6039 CYPRESS GARDENS BLVD. #244
WINTER HAVEN, FL 33884

FEI Number: 45-0504921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONLON, ROBERT M
440 P.G.A. BLVD., SUITE 307
PALM BEACH GARDENS, FL 33410

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SINGLETON, JOHN
Address: 6039 CYPRESS GARDENS BLVD. #244
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: MONTEAGUDO, MARIO
Address: 6039 CYPRESS GARDENS BLVD. #244
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SINGLETON, JOHN
Address: 6039 CYPRESS GARDENS BLVD. #244
City-St-Zip: WINTER HAVEN, FL 33884

Title: P (X) Change () Addition
Name: MONTEAGUDO, MARIO
Address: 6039 CYPRESS GARDENS BLVD. #244
City-St-Zip: WINTER HAVEN, FL 33884

Title: S/T () Change (X) Addition
Name: SAULS, SHEILA
Address: 6039 CYPRESS GARDENS BLVD. #244
City-St-Zip: WINTER HAVEN, FL 33884

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO MONTEAGUDO

Electronic Signature of Signing Officer or Director

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04/30/2004

Date