


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90029 007 \*\*\*150.00

|   |   |         |   |  |  |
|---|---|---------|---|--|--|
| <b>DOCUMENT # P03000028663</b><br>1. Entity Name<br><b>CAPITAL VENDING GROUP, INC.</b>  |   |         |   |   |  |
| Principal Place of Business<br><b>8795 WEST MCNAB ROAD<br/>SUITE 203<br/>TAMARAC FL 33321</b>   |   |         | Mailing Address<br><b>8795 WEST MCNAB ROAD<br/>SUITE 203<br/>TAMARAC FL 33321</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |
| City & State  |   |         | City & State  |  |  |
| Zip   |   | Country |   | Zip  |  |
| Country   |   | Country |   | 4. FEI Number <b>54-210593</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |   |         |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI FL 33145</b>  |   |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                  |  |
| 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.   |   |         |   | FL Zip Code  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reorganizing) DATE _____  |   |         |   |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2004 Fee will be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div>   |   |         |   |  |  |
| 10. OFFICERS AND DIRECTORS  |   |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PSTD<br>PYATT, CAROL A<br>10097 CLEARY BLVD., SUITE 264<br>PLANTATION FL 33324 <input checked="" type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | President<br>Jeff Bennett<br>809 BRINY AVE. - DANFORD BEACH, FL 33026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Jeff Bennett</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |         | 1/30/04 954-722-3798<br><small>Date Daytime Phone #</small>                       |  |  |