


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000050063	
1. Entity Name AMERICA VENDORS, INC.	

Principal Place of Business 9920 N.W. 21ST STREET MIAMI, FL 33172	Mailing Address 9920 N.W. 21ST STREET MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1664598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CABANAS, JOSEPH F 10520 N.W. 26 STREET SUITE C-201 MIAMI, FL 33172
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MAJER, ALDO VIA TRIESTE 49, 21042 CARONNO PERTUSELLA VA ITALY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JARDON-EL HINY, OLIVIER 10 ICE HOUSE STREET, SUITE 55 CENTRAL, HONG KONG,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAJER, ANDREA VIA TRIESTE 49, 21042 CARONNO PERTUSELLA VA ITALY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEMPERLE, PAUL 10 ICE HOUSE STREET, SUITE 55 CENTRAL, HONG KONG,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POZZOLINI, ANDREA VIA VALLEGIO 2 BIS, 22100 COMO (CO) ITALY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/05-80023-013 150.00

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05 (305) 513 9151
Date Daytime Phone *