


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90010 039 ***150.00

DOCUMENT # P03000127789	
1. Entity Name DW VENDING, INC.	

Principal Place of Business 1620 NW 81ST WAY PLANTATION, FL 33322	Mailing Address 1620 NW 81ST WAY PLANTATION, FL 33322
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2. Principal Place of Business 1802 N. University Dr.	3. Mailing Address 1802 N. University Dr.
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc. Suite 102
City & State Plantation, FL 33322	City & State Plantation, FL 33322
Zip 	Country



02042004 Chg-P CR2E034 (10/03)

4. FEI Number 75-3135590	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SCHWARTZ, DAVID A ESQ. 150 S. PINE ISLAND ROAD SUITE 320 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: David Wiener **2-11-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID L. WIENER, President
Date Daytime Phone #