

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000023202

Entity Name: FAITH ISLAND VENDING INC.

**FILED**  
**Nov 09, 2007**  
**Secretary of State**

### **Current Principal Place of Business:**

2905 SW 139 AVE  
MIRAMAR, FL 33027

### **New Principal Place of Business:**

1852 N.W. 67TH AVENUE  
SUITE 283  
MIAMI, FL 33015

### **Current Mailing Address:**

2905 SW 139 AVE  
MIRAMAR, FL 33027

### **New Mailing Address:**

1852 N.W. 67TH AVENUE  
SUITE 283  
MIAMI, FL 33015

FEI Number: 77-0622915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

### **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

### **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DEVEAUX, MARY  
Address: 2905 SW 139 AVE  
City-St-Zip: MIRAMAR, FL 33027

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: COLLIE, SARAH CONYERS  
Address: 4956 N.W. 186 STREET  
City-St-Zip: OPA LOCKA, FL 33055 24

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SARAH CONYERS-COLLIE

D

11/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date