

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 26, 2005 8:00 am**  
**Secretary of State**

08-26-2005 90002 019 \*\*\*150.00

DOCUMENT # P04000040169	
1. Entity Name CARAMMA VENDING, INC.	



Principal Place of Business 873 N.W. PINELAKE DRIVE STUART, FL 34994	Mailing Address P.O. BOX 1822 JENSEN BEACH, FL 34958
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**50063532**



2. Principal Place of Business Suite, Apt. #, etc. 873 NW PineLake Dr City & State Stuart FL Zip 34994 Country USA	3. Mailing Address Suite, Apt. #, etc. PO Box 1822 City & State Jensen Beach FL Zip 34958 Country USA
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08042005 Chg-P CR2E034 (10/03)

8. Name and Address of Current Registered Agent SWEET, GARY L 1100 S. FEDERAL HIGHWAY STUART, FL 34994	
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4. FEI Number 20-0658170	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name CLAUDIO CARAMMA Street Address (P.O. Box Number is Not Acceptable) 873 NW PineLake Dr City STUART FL Zip Code 34994	
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 CLAUDIO CARAMMA	DATE 8/22/05

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARAMMA, JACQUELYN P.O. BOX 1822 JENSEN BEACH, FL 34958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARAMMA, CLAUDIO P.O. BOX 1822 JENSEN BEACH, FL 34958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CARAMMA, JACQUELYN P.O. BOX 1822 JENSEN BEACH, FL 34958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA CARAMMA, JACQUELYN P.O. BOX 1822 JENSEN BEACH, FL 34958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: JACQUELYN CARAMMA	DATE: 8/22/05 772 692-9889

ATTACHMENT

50063532



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 4, 2005

CARAMMA VENDING, INC.  
P.O. BOX 1822  
JENSEN BEACH, FL 34958

SUBJECT: CARAMMA VENDING, INC.  
Ref. Number: P04000040169

Thank you for your correspondence of July 21, 2005, which has been forwarded to me for response.

Our office will consider waiving the reinstatement fee provided you return your corrected document, your letter requesting a waiver, this letter and your check(s) totaling \$150.00 within 30 days of the date of this letter.

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

An officer or director must sign the report.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell  
Document Specialist

Letter Number: 005A00050270

7-21-05

ATTACHMENT

~~500635-32~~ 2 of 2  
#P04000040169

IN regards to my phone conversation with Kathy  
Im sending a check for \$150.00 + the late fee  
is going to be waived. We previously filed with  
a fraudulent company that took our \$100.00  
+ advised us that it had been done to many  
people. I sent all the proper documents to Kathy  
cancelled ck etc.

Thank - You for all your help

Jayman Conner  
772-692-9889

P04000040169