2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040169

Entity Name: CARAMMA VENDING, INC.

CARAMMA, JACQUELYN

JENSEN BEACH, FL 34958

P.O.BOX 1822

Name:

Address:

City-St-Zip:

FILED Aug 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 873 N.W. PINELAKE DRIVE STUART, FL 34994 **Current Mailing Address: New Mailing Address:** 873 NW PINE LAKE DR. STUART, FL 34994 FEI Number: 20-0658170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMINIA, CLAUDIO 873 NW PINE LAKE DR STUART, FL 34994 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CARAMMA, JACQUELYN Name: Name: P.O. BOX 1822 Address: Address: City-St-Zip: JENSEN BEACH, FL 34968 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: CARAMMA, CLAUDIO Name: P.O. BOX 1822 Address: Address: JENSEN BEACH, FL 34958 City-St-Zip: City-St-Zip: () Delete Title: Title: SEC () Change () Addition CARAMMA, JACQUELYN Name: Name: P.O. BOX 1822 Address: Address: City-St-Zip: JENSEN BEACH, FL 34958 City-St-Zip: Title: TREA () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JACQUELYN CARAMMA P 08/18/2008