

FILED
Apr 20, 2005 8:00 am
Secretary of State

03-31-2005 90049 034 ***150.00

2005 FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000051690			
1. Entity Name VINNIES VENDING, INC.			
Principal Place of Business 5867 NW 42 LANE COCONUT CREEK, FL 33073-404 US		Mailing Address 5867 NW 42 LANE COCONUT CREEK, FL 33073-404 US	
2. Principal Place of Business Suite, Apt. #, etc. <i>Same as above</i>		3. Mailing Address Suite, Apt. #, etc. <i>Same as above</i>	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 86-1100807		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02142005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DHU, VINCENT I 5867 NW 42 LANE COCONUT CREEK, FL 33073-404		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: <i>[Signature]</i> DATE: 3-28-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DHU, VINCENT I 5867 NW 42 LANE COCONUT CREEK, FL 33073-404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/28/05 (954) 428-6448 Date Daytime Phone #	