


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90199 015 ***150.00

DOCUMENT # P04000056773

1. Entity Name
D.N.N. VENDING, CORP.



Principal Place of Business 7535 SW 152 AVE #308 MIAMI, FL 33193	Mailing Address 7535 SW 152 AVE #308 MIAMI, FL 33193
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DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0944091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, NORA B
 7535 SW 152 AVE
 #308
 MIAMI, FL 33193

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMIREZ, NORA B 7535 SW 152 AVE #308 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PINEDA, DIEGO J 7535 SW 152 AVE #308 MIAMI, FL 33193
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Nora B. Ramirez* 4-22-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40080612

P0400056773


(meloxicam) tablets

new address

9110 SW 148th CRT.

Miami FL 33196

I am sending you a
copy I made from the
computer, because this year
I never received a
form from you.

Thank you

Jose B. Gomez
Jose B. Gomez
D.A.M. Verdij. Corp.
20-0944091

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