2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90394 033 ***150.00

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1. Entity Name
TK'S VENDING OF MIAMI, INC.

Principal Place of Business	Mailing Address
12289 PEMBROKE RD. #156 MIRAMAR, FL 33025	12289 PEMBROKE RD. #156 PEMBROKE PINES,, FL 33025

04292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
12531 SW 18th St.	12531 SW 18th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar, Fl.	City & State: Miramar Fl.
Zip: 33027 Country: Broward	Zip: 33027 Country: Broward

4. FEI Number: 20-1501244 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLINGSWORTH, JOYCE E
12289 PEMBROK RD.
156
PEMBROKE PINES, FL 33025

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable): ~~[illegible]~~ 12531 SW 18th St.
City: Miramar FL Zip Code: 33027

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLINGSWORTH, JOYCE 12289 PEMBROKE RD #156 PEMBROKE PINES, FL 33025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same same 12531 SW 18th St. Miramar, Fl 33027	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LULLEN, EUGENE 13271 SW 53 STREET MIRAMAR, FL 33025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 12531 SW 18th St. Miramar, Fl. 33027	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Joyce E Hollingsworth 4/28/06 786-213-2598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #