


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State


04-09-2007 90054 024 ***150.00

DOCUMENT # P05000008230 1. Entity Name VENDING SERVICES OF FLORIDA, INC.	
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Principal Place of Business 355 HIATT DRIVE SUITE C PALM BEACH GARDENS, FL 33418 US	Mailing Address 355 HIATT DRIVE SUITE C PALM BEACH GARDENS, FL 33418 US
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DO NOT WRITE IN THIS SPACE

40053030



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2232227	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 HALPERIN, WILLIAM M 355 HIATT DRIVE SUITE C PALM BEACH GARDENS, FL 33418	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HALPERIN, WILLIAM 355 HIATT DRIVE, SUITE C PALM BEACH GARDENS, FL 33418
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**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: WILLIAM HALPERIN **WILLIAM HALPERIN** 4-5-07 561-775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #