

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90174 015 \*\*\*150.00

<b>DOCUMENT # P05000024868</b> 1. Entity Name <b>SPECIALIZED VENDING, INC.</b>																							
Principal Place of Business <b>1565 NORMANDY DRIVE MIAMI BEACH, FL 33141</b>			Mailing Address <b>1565 NORMANDY DRIVE MIAMI BEACH, FL 33141</b>																				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																				
4. FEI Number <b>26-0106702</b>			Applied For <input type="checkbox"/> Not Applicable																				
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required																				
6. Name and Address of Current Registered Agent <b>BETTER BUSINESS CONSULTANTS CORP. 8500 S.W. 8TH. STREET SUITE 240 MIAMI, FL 33144</b>			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: <small>Signature, typed or printed name of registered agent and state if applicable (if not Registered Agent signature required when reinstating)</small>																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																					
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							

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