

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90019 016 ***150.00

DOCUMENT # P06000055422 1. Entity Name AUTOLET VENDING CONSULTANTS, INC.					
Principal Place of Business 16105 NW 64 AVE SUITE 322 MIAMI LAKES, FL 33014			Mailing Address 16105 NW 64 AVE SUITE 322 MIAMI LAKES, FL 33014		
2. Principal Place of Business - No P.O. Box # 12097 SW 7 ST		3. Mailing Address 12097 SW 7 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PEMBROKE PINES, FL.		City & State PEMBROKE PINES, FL.		4. FEI Number 01-0863487	
Zip 33025		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BYRD, RICHARD 16105 NW 64 AVE SUITE 322 MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name BYRD - RICHARD Street Address (P.O. Box Number is Not Acceptable) 12097 SW 7 ST City PEMBROKE PINES FL Zip Code 33025		
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 3/31/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BYRD, RICHARD 16105 NW 64 AVE, SUITE 322 MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete			
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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: 		Date 3/31/08		Daytime Phone # 954 303-8825	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					