2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000403

BARRIOS, LINDA M

152 GALA CIRCLE

DAYTONA BEACH, FL 32124

Name:

Address:

City-St-Zip:

Entity Name: CELLARS VENDING MACHINES CORP.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1575 AVIATION PARKWAY SUITE 423 DAYTONA BEACH, FL 32114 **New Mailing Address: Current Mailing Address:** 1575 AVIATION PARKWAY SUITE 423 DAYTONA BEACH, FL 32114 FEI Number: 59-3217748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARRIOS, MANUEL G 1575 AVIATION CENTER PARKWAY SUITE 423 DAYTONA BEACH, FL 32114 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DVP () Delete Title: () Change () Addition BARRIOS, MANUEL A Name: Name: 2781 N.E. 165 TERRACE Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33160 City-St-Zip: Title: DP Title: () Delete () Change () Addition Name: BARRIOS, MANUEL G Name: 152 GALA CIRCLE Address: Address: DAYTONA BEACH, FL 32124 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MANUEL G. BARRIOS DP 04/28/2005