



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000038087 1. Entity Name R & G VENDING, INC.	
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Principal Place of Business 920 INDUSTRIAL ROAD UNIT 2 JENSEN BEACH, FL 34952 US	Mailing Address 2659 MORNINGSIDE BLVD. PORT ST LUCIE, FL 34952 US
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DO NOT WRITE IN THIS SPACE

	
01062008 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0496474	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 RENNA, ROBERT P JR. 2659 SE MORNINGSIDE BLVD. PORT ST. LUCIE, FL 34952


DO NOT WRITE IN THIS SPACE

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 title if applicable. (NOTE: Registered Agent signature required when restate.)</small>	DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P RENNA, ROBERT P JR 2659 SE MORNINGSIDE BLVD PT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP RENNA, PATRICIA A 2659 SE MORNINGSIDE BLVD PORT SAINT LUCIE, FL 34952
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<p>U00000842233 03/11/08-80020-024 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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>	Date: 2/25/08 Daytime Phone #: 772-225-4480

PATRICIA RENNA