
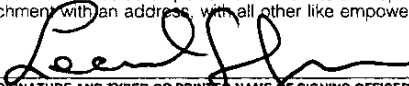


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90077 004 ***150.00

DOCUMENT # P94000039364					
1. Entity Name S & S VENDING, INC.					
Principal Place of Business 635 CINNAMON CT SATELLITE BEACH FL 32937-4301 US			Mailing Address 635 CINNAMON CT SATELLITE BEACH FL 32937-4301 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3950205	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALZMAN, LEONARD G 635 CINNAMON CT SATELLITE BCH FL 32937				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 PT <input type="checkbox"/> Delete	NAME SALZMAN, LEONARD G		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS 635 CINNAMON CT	CITY-ST-ZIP SATELLITE BEACH FL 32937-4301		STREET ADDRESS	CITY-ST-ZIP	
TITLE VS <input type="checkbox"/> Delete	NAME MILLER, LORI		TITLE (address only) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS 1332 CYPRESS BEND CIRCLE	CITY-ST-ZIP MELBOURNE FL 32934		STREET ADDRESS 4487 Montreault Ave.	CITY-ST-ZIP melb, FL. 32934	
TITLE <input type="checkbox"/> Delete	NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			2/14/06 321.752.6661		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		