

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90034 029 ***150.00

DOCUMENT # P95000059555

1. Entity Name
A-1 VENDING INC.



Principal Place of Business Mailing Address

**3040B NW 23RD AVE
 OAKLAND PARK FL 33311
 US** **3040B NW 23RD AVE
 OAKLAND PARK FL 33311
 US**

2. Principal Place of Business 3. Mailing Address

3040 NW 23rd Ave *3040 NW 23rd Ave*

Suite, Apt. #, etc. Suite, Apt. #, etc.

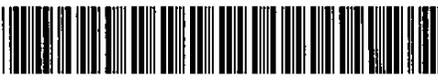
City & State City & State

OAKLAND PK, FL. *OAKLAND PK. FL.*

Zip Country Zip Country

33311 *US* *33311* *US*

20005472



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**CAMPBELL, JEANNETTE
 10028 SW 16TH ST
 PEMBROKE PINES FL 33025**

4. FEI Number Applied For

65-0625309 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINITTO, VINCENT	NAME	
STREET ADDRESS	3040B NW 23 AVE.	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINITTO, VINCENT	NAME	
STREET ADDRESS	3040B NW 23RD AVE	STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33311	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Vincent Dinitto* **1-27-05** **954-735-7896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #