2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 26, 2007 08:00 AM DOCUMENT # P9700000177*** **Secretary of State** J Z VENDING, INC. Mailing Address Principal Place of Business 1404 PONCE DELEON 1404 PONCE DELEON FORT PIERCE, FL 34982 FORT PIERCE, FL 34982 No Chg-P CR2E034 (11/05) 02122007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 65-0718050 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZAVALA, JENNIFER DO NOT WRITE 1404 PONCE DELEON FORT PIERCE, FL 34982 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______Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PΠ MILE ZAVALA, JENNIFER NAME 1404 PONCE DELEON STREET ADDRESS CITY-ST-7IP FORT PIERCE, FL 34982 <u>U0</u>00000650245 mr NAME 03/08/07-80002-003 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CTTY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TIDE NAME

FILED

12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

STREET ADDRESS CITY+ST-ZLP

SIGNATURE: Designation of the substitute of state of stat