2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 17, 2004 8:00 am **Secretary of State DOCUMENT # P97000027645** 1. Entity Name 02-17-2004 90036 029 \*\*\*168.75 J & JADE VENDING INC. Principal Place of Business Mailing Address 816 SE 9TH STREET, #205 DEERFIELD BEACH FL 33441 816 SE 9TH STREET, #205 DEERFIELD BEACH FL 33441 920 South FEDERAL HWY 920 SOUTH FEDERAL 3. Mailing Address 2. Principal Place of Business REAR REAR Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) EERFIEL FFREIE] Applied For City & State City & State 4. FEI Number 65-0773957 33441 33441 Not Applicable Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIVENCENZO, KEN Street Address (P.O. Box Number is Not Acceptable) 1640 S.E. 6TH STREET DEERFIELD BEACH FL 33441 FL 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( FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE DIVENCENZO, KEN NAME NAME 1640 S.E. 6TH STREET STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP CITY-ST-ZIP VICE PRESERVE Delete TITLE Change ☐ Addition TITLE DOMINICK DIVENCENZO 1640 S.E. 6th STREET DEERFIELD BEACH H. 3344 DIVENCENZO, ROSALIE NAME NAME 1640 S.E. 6TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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.

FILED

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