2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: You SIGNATURE AND TYPED OR PRINTED MAJAR OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P97000027645 1. Entity Name J & JADE VENDING INC.						Feb 07, Seci	, 2005 (retary o		
Principal Plac	ce of Business	Mailing Address	1		†				
	ERAL HWY	920 S. FEDERAL HWY	920 S. FEDERAL HWY						
REAR DEERFIELD BEACH FL 33441		REAR DEERFIELD BEACH FL 33441							
			. 1][[
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	st MOORE	CR2E034 (10)/04)	
City & State		City & State			4. FEI Num	ber 65-077395		+-+ -	plied For ot Applicable
Zip	Country Zip		Country		5. Certifical	te of Status Desired		75 Add	litional
}	6. Name and Address of Currer	nt Registered Agent	 ,		<u> </u>	d Address of New F	Fee	Required	<u> </u>
	O. Maine and Madress of Outrol		Name	7. Italije an	id Address of New F	sedistaied Wilei		 -	
164	'ENCENZO, KEN 10 S.E. 6TH STREET	-		Street Address (P.O. Box Num	ber is Not Acceptable	e)		
DEERFIELD BEACH FL 33441			Ì			£			
		•	}	City		·	FL	Zip Code	
8. The above	d office or register	red agent, or b	oth, in the State of Flo		iar with.	and accept			
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 age	nt and the description (NOT	T. Dan stand			·	DATE		
<u> </u>	127	nt and side (rappicable (NO)	E wedisteled	Agent signature required	when remaining)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Se \$550.00 Make Check Payable to Fiorida Department of State						9. Election Campa Trust Fund Cor			00 May Be d to Fees
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS) S/CHANGES TO OFF	ICERS AND DIR	ECTORS	3 IN 11
NAME	P DIVENCENZO, KEN	☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS	1640 S.E. 6TH STREET			T ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	<u> </u>	CITY	ST-ZIP					
NAME	VP DIVENCENZO, DOMINICK	☐ Delete	IIILE NAME					Change	Addition
STREET ADDRESS	SAO S.E. 6TH STREET			I ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		<u></u>	SI-ZIP		·			
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STREET ADDRESS				f ADDRESS					
CITY-ST-ZIP		☐ Delete	CITY-S TUTLE	SE-ZIP	····-			Change	Addition
NAME		FT neigls	NAME					าเตเลีย	TT VARIBUT
STREET ADDRÉSS CITY-ST-ZIP			3	T ADDRESS	•				
	certify that the information symplied wi	th this filing does not qualify for	CiiY-S		ction 119.07(2	Vi) Florida Statutos	further certify th	at the in	formation
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