

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P97000045871**

1. Entity Name  
**A & B VENDING, INC.**



Principal Place of Business  
**1923 NE 147 ST.  
NORTH MIAMI, FL 33181**

Mailing Address  
**1923 NE 147 ST.  
NORTH MIAMI, FL 33181**



04182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0770259</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LEE, ARTHUR  
18151 NE 31ST COURT  
#1903  
AVENTURA, FL 33160**

**DO NOT WRITE  
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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000748801

05/17/07-80083-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KOEGEL, KAREN A
STREET ADDRESS	2593 HWY. A1A
CITY-ST-ZIP	MELBOURNE, FL 32951
TITLE	S
NAME	LEE, ARTHUR
STREET ADDRESS	18151 NE 31ST CT., #1905
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Arthur Lee* **ARTHUR LEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/07*  
Date

*305 947-2221*  
Daytime Phone #