

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90052 024 ***158.75

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1. Entity Name
84 VENDING, INC.



Principal Place of Business
1441 SW 12 AVE
#F
POMPANO BEACH FL 33069

Mailing Address
14660 SW 17 CT
DAVIE FL 33325



2. Principal Place of Business - No P.O. Box #
1421 SW 12 AVE #F
Suite, Apt. #, etc.
#F

3. Mailing Address
SAME
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
POMPANO BEACH FL
Zip
33069
Country
BROWARD

City & State
Zip
Country

4. FEI Number 59-3489569
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ORANDELLO, JOSEPH
1441 SW 12 AVE
#F
POMPANO BEACH FL 33069

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 *Joseph Orandello*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	ORANDELLO, JOSEPH	1441 SW 12 AVE #F	POMPANO BEACH FL 33069	<input type="checkbox"/>
TS	CASINO, ETTORE	7201 NW 68 AVE	TAMARAC FL 33321	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	1421 SW 12 AVE #F	POMPANO BEACH FL 33069		<input checked="" type="checkbox"/>
	CAROL ORANDELLO	1421 SW 12 AVE #F	POMPANO BEACH FL 33069	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *Joseph Orandello*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07
Date

954 240 1276
Daytime Phone