

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90018 050 ***150.00

DOCUMENT # P97000096217

1. Entity Name

84 VENDING, INC.



Principal Place of Business

**1421 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 #

1970 NW 32 ST (REAR)

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL 33064

City & State

Zip

USA.

Zip

Country

Country

4. FEI Number

59-3489569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/07)



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)

1970 NW 32 ST REAR

City

POMPANO BEACH FL FL

Zip Code

33064

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ORANDELLO, JOSEPH**
STREET ADDRESS **1421 SW 12 AVE #F**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **V** ☒ Delete
NAME **ORANDELLO, CAROL**
STREET ADDRESS **1421 SW 12 AVE #F**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1970 NW 32 ST. REAR.**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **V** ☐ Change ☒ Addition
NAME **SOVI BIBLER**
STREET ADDRESS **1970 NW 32 ST REAR**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08
Date

954 240 1276
Daytime Phone #