► 2005 FOR PROFIT CORPORATION **FILED** Apr 11, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P98000018876 1. Entity Name DAR-DES VENDING, INC. Principal Place of Business Mailing Address 14578 HORSESHOE TRACE 14578 HORSESHOE TRACE WEST PALM BEACH, FL 33414 WEST PALM BEACH, FL 33414 No Chg-P CR2E034 (10/03) 01072005 DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0822295 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MERLO, ANDREW DO NOT WRITE 2101 CÓRPORATE BLVD SUITE 325 BOCA RATON, FL 33431 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing

Trust Fund Contribution.

U00000238090 04/11/05-80054-023 150.00

Applied For

Not Applicable

DO NOT WRITE

\$5.00 May Be

Added to Fees

CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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.

SIGNATURE:

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

FRISINA, KENETH V 14578 HORSESHOE TRACE

WEST PALM BEACH, FL 33414

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10.

MILE

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

OFFICERS AND DIRECTORS

SIGNING OFFICER OR DIRECTOR