


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000107723
 1. Entity Name
 CARLOS RIVADULLA VENDING, INC.



Principal Place of Business Mailing Address
 4840 SHADY RIVER LANE 4840 SHADY RIVER LANE
 FT MYERS, FL 33905 FT MYERS, FL 33905

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)
 4. FEI Number 65-0884820 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RIVADULLA, CARLOS
 4840 SHADY RIVER LANE
 FT MYERS, FL 33905

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RIVADULLA, CARLOS
STREET ADDRESS	4840 SHADY RIVER LN
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	VP
NAME	RIVADULLA, JOAN
STREET ADDRESS	4840 SHADY RIVER LN
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/25/05-80069-019 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JOAN T. RIVADULLA Joan T. Rivadulla V.P. 1-14-05 (239)694-0054
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #