2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State
03-29-2005 90018 021 ***150.00

DOCUMENT # S46217

1. Entity Name
1-800-CAR-CASH, INC.

Principal Place of Business	Mailing Address
8 BAYVIEW LANE OSPREY, FL 34229 US	P.O. BOX 868 OSPREY, FL 34229 US

03032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 49586	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Sarasota Florida	
Zip	Country	Zip: 34230	Country: USA.

4. FEI Number: 65-0411663 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, MARVIN
7697 COYE TERRACE
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name: Marvin Kaplan
Street Address (P.O. Box Number is Not Acceptable): 50 Central Ave. Unit 17B.
City: Sarasota FL Zip Code: 34236

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] Marvin Kaplan 3/16/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, MARVIN A 7697 COYE TERRACE SARASOTA, FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marvin Kaplan P.O. Box 49586 Sarasota, Fl. 34230	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Marvin Kaplan 3/16/05 941-587-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #