2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004260

1. Entity Name
CASHPIN CORPORATION

Principal Place of Business	Mailing Address
4468 BROADWAY NEW YORK, NY 10040	4468 BROADWAY NEW YORK, NY 10040

08032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4183488
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	ARMENTEROS, ERNESTO E
STREET ADDRESS	301 E. 66TH ST.
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	VCVP
NAME	CHALABI, MOHAMED R
STREET ADDRESS	1155 PARK AVE, APT. 12N
CITY-ST-ZIP	NEW YORK, NY 10128
TITLE	D
NAME	SHELDOM, NANCY
STREET ADDRESS	262 CENTRAL PARK WEST, APT. 6B
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	DT
NAME	RODRIGUEZ, JORGE
STREET ADDRESS	954 LEXINGTON AVE, PO BOX 122
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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~~08/09/04-80006-015 158.75~~

U00000169827
08/10/04-80001-021 150.00

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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)(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: _____ 8/3/2004 800-892-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #