

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90025 042 ***150.00

DOCUMENT # F03000004260

1. Entity Name
CASHPIN CORPORATION



Principal Place of Business

**4468 BROADWAY
NEW YORK, NY 10040**

Mailing Address

**4468 BROADWAY
NEW YORK, NY 10040**

50058809



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07272005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

13-4183488

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete
NAME ARMENTEROS, ERNESTO E
STREET ADDRESS 301 E. 66TH ST.
CITY-ST-ZIP NEW YORK, NY 10021

TITLE DV ☒ Change ☐ Addition
NAME Armenteros, Ernesto E
STREET ADDRESS 4468 Broadway
CITY-ST-ZIP New York, NY 10040

TITLE VCVF ☐ Delete
NAME CHALABI, MOHAMED R
STREET ADDRESS 1155 PARK AVE, APT. 12N
CITY-ST-ZIP NEW YORK, NY 10128

TITLE D ☒ Change ☐ Addition
NAME Chalabi, Mohamed R
STREET ADDRESS 4468 Broadway
CITY-ST-ZIP New York, NY 10040

TITLE D ☐ Delete
NAME SHELDON, NANCY
STREET ADDRESS 262 CENTRAL PARK WEST, APT. 6B
CITY-ST-ZIP NEW YORK, NY 10024

TITLE D ☒ Change ☐ Addition
NAME Sheldon, Nancy
STREET ADDRESS 262 Central Park West, Apt 6B
CITY-ST-ZIP New York, NY 10024

TITLE DT ☐ Delete
NAME RODRIGUEZ, JORGE
STREET ADDRESS 954 LEXINGTON AVE, PO BOX 122
CITY-ST-ZIP NEW YORK, NY 10021

TITLE D ☒ Change ☐ Addition
NAME Rodriguez, Jorge
STREET ADDRESS 954 Lexington Ave. PO Box 122
CITY-ST-ZIP New York, NY 10040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Change ☒ Addition
NAME Armenteros, Ernesto J
STREET ADDRESS 4468 Broadway
CITY-ST-ZIP New York, NY 10040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Change ☒ Addition
NAME Julia, Francisco J
STREET ADDRESS 4468 Broadway
CITY-ST-ZIP New York, NY 10040

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:

Mohamed R. Chalabi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mohamed R. Chalabi - CEO 7/28/05

Date

Daytime Phone #

212-567-0210