# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2009**
**Secretary of State**

DOCUMENT# F08000004191

**Entity Name:** COUSINS CHECK CASHING, INC.

**Current Principal Place of Business:**

411 SOUTH OLD WOODHAVEN AVE STE 928
BIRMINGHAM, MI 48009

**New Principal Place of Business:**

407 FLOMICH
HOLLY HILL, FL 32117

**Current Mailing Address:**

411 SOUTH OLD WOODHAVEN AVE STE 928
BIRMINGHAM, MI 48009

**New Mailing Address:**

411 SOUTH OLD WOODWARD AVE
APT 928
BIRMINGHAM, MI 48009

**FEI Number: 26-3400154** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZACK, DANIEL
407 FLOMICH
HOLLY HILL, FL 32117 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete
Name: ZACK, NATHAN A
Address: 411 SOUTH OLD WOODHAVEN AVE STE 928
City-St-Zip: BIRMINGHAM, MI 48009

Title: DVS ( ) Delete
Name: ZACK, DANIEL
Address: 407 FLOMICH
City-St-Zip: HOLLY HILL, FL 32117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition
Name: ZACK, NATHAN A
Address: 411 SOUTH OLD WOODWARD AVE STE 928
City-St-Zip: BIRMINGHAM, MI 48009

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAINA G. BUCHER MS. 03/25/2009
Electronic Signature of Signing Officer or Director — Date