

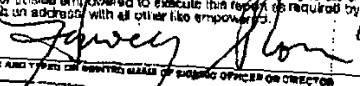
SENT BY: ACCOUNTING FIRM;

9544743839;

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90273 001 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K02646			
1. Entity Name CHECKS CASHED TODAY, INC.			
Principal Place of Business 12295 NW 7 AVE. MIAMI, FL 33168		Mailing Address 12295 NW 7 AVE. MIAMI, FL 33168	
2. Principal Place of Business		3. Mailing Address	
Date, Act. #, etc.		Succ. Act. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 85-0016800		Applied for ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLOVIN, HARVEY 2538 JARDIN DRIVE WESTON, FL 33327		7. Name and Address of New Registered Agent 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 must be printed name of registered agent and the filer. Initials: Registered Agent (signature required when filing) 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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLOVIN, HARVEY 2538 JARDIN DR WESTON, FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the 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, or on an attachment with an address with all other like employees.			
SIGNATURE:  SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date: _____ Certification Period: _____			

20046500



01062005 Chg-P CR2E034 (10/03)