2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

DOCUMENT # K02646 1. Entity Name CHECKS CASHED TODAY, INC.		Secretary of State
Principal Place of Business Mailing Address 12295 NW 7 AVE. 12295 NW 7 AV MIAMI, FL 33168 MIAMI, FL 331		
DO NOT WRITE IN THIS	S SPACE	04132006 No Chg-P CR2E034 (11/05) 4. FEI Number
SLOVIN, HARVEY 2538 JARDIN DRIVE WESTON, FL 33327		DO NOT WRITE IN THIS SPACE
The above named entity submits this statement for the purpose of char the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fills it applicable.	nging its registered office or regis	pistered agent, or both, in the State of Florida. I am familiar with, and accept squired when reinstaling) OATE
	Campaign Financing and Contribution.	\$5.00 May Be Added to Fees
TITLE TITLE PAMME SUBJECT ADDRESS CITY-ST-ZIP WESTON, FL 33327 TIPLE NAME STREET ADDRESS CITY-ST-ZIP VITLE WAME STREET ADDRESS CITY-ST-ZIP TITLE WAME STREET ADDRESS CITY-ST-ZIP TITLE WAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP		U00000547404 05/12/06-90024-013 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME SIFEET ADDRESS CITY-ST-ZIP TITLE STARE ADDRESS CITY-SY-ZIP 12. I hereby certify that the information supplied with this filing does not or indicated on this report or suppliermental report is true and accurate an of the corporation or the receiver or trustee empowered to execute the changed, or on a materiance with all other like finite.	uality for the exemptions contained that my signature shall have the report as required by Chapter to owered.	nined in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under gath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PHINTED HAVE OF SIGNING OFFICER OR DIRECTOR