## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 07, 2008 08:00 All Secretary of State **DOCUMENT # K17643** PEREZ CASH, INC Principal Place of Business Mailing Address 3611 W. FLAGLER ST 3611 W. FLAGLER ST MIAMI, FL 33135 MIAMI, FL 33135 CR2E034 (11/05) No Chg-P 01312008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0028994 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PEREZ, HECTOR DO NOT WRITE 3611 W. FLAGLER ST MIAMI, FL 33135 IN THIS SPACE 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PTS TITLE PEREZ, HECTOR NAME 3611 W. FLAGLER ST STREET ADDRESS CITY-ST-7IP MIAMI, FL U000000819290 TITE F 02/15/08-80078+014 (50.00 PEREZ, DAISY 3611 W. FLAGLER ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained 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 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 ayraddress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

305-541-182

**FILED**