

FROM : PRONTO 06

FAX NO. : 3056818994

FILED
Sep 12, 2003 8:00 am
Secretary of State

04-30-2003 90175 013 ***150.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

4/

55056438

DOCUMENT # L02000022599			
1. Entity Name PRONTO CASH COMMUNICATIONS, LLC			
Principal Place of Business 1440 W. 23 STREET MIAMI BEACH FL 33140		Mailing Address 1440 W. 23 STREET MIAMI BEACH FL 33140	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent SEGAN, ADAM 1440 W. 23 STREET MIAMI BEACH FL 33140		5. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
Zip Code		Zip Code	
6. 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 _____ (Signature, typed or printed name of registered agent and title is acceptable.) (NOTE: Registered Agent Signature required when renewing)			
FILE NOW!! FEE IS \$60.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MEM. ADAM SEGAN 1440 W. 23 STREET MIAMI BEACH FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the registered service empoyee to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: _____		REQUIRED (30) 4581999	

Attachment

TELEPHONE: 305-513-3639
FAX: 305-513-4122

CABANAS & ASSOCIATES, P.A.
ACCOUNTING, TAX PLANNING & PREPARATION
SQUARE ONE BUSINESS CENTER
10520 N.W. 26TH STREET
SUITE C-201
MIAMI, FLORIDA 33172

MEMBER OF
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

September 10, 2003

55056438
#L02000022599

Florida Department of State
Division of Corporations
P. O. Box 6478
Tallahassee, Fl. 32314

Att.: Annual Reports Section

Referece Number: L 02000022599

Gentlemen:

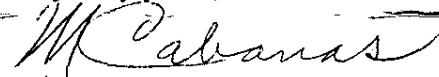
Please be advised that we are the Accountants for Pronto Cash Communications LLC and your attached letter was sent to us for action.

With reference to this communication, we are returning copy of the Annual Report, where we have written the complete Federal ID No.(11-3650942) for this Corporation, which apparently, since it was a copy, did not come out legible.

We trust that you can complete your records accordingly.

Thank you for your attention to this matter.

Very truly yours,


Maria C. Cabanas

Enclosures

c.c.: Mr. Adam Segan, Agent for
Pronto Cash Communications LLC

RECEIVED
SEP 11 2003
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32314