## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000050649

Address:

City-St-Zip:

1214 FOSTERS MILL LANE

BOYNTON BEACH, FL 33436

Entity Name: CARIBBEAN CASH TRANSFER, LLC

FILED Feb 07, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1214 FOSTERS MILL LANE BOYNTON BEACH, FL 33436 **Current Mailing Address: New Mailing Address:** 1214 FOSTERS MILL LANE BOYNTON BEACH, FL 33436 FEI Number: 56-2551967 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIPSON, STUART A 16900 N.E. 19TH AVENUE N. MIAMI BEACH, FL 33162 US 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM ( ) Delete Title: () Change () Addition FLEURANTIN, JOSEPH LOUBEAU Name: Name: Address: 1215 FOSTERS MILL LANE Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PIERRE-JEAN, LUC Name: Address: 1214 FOSTERS MILL LANE Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FLEURANTIN, TQUSSAINT Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: TOUSSAINT FLEURANTIN MGRM 02/07/2006