

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064278

FILED
May 11, 2009
Secretary of State

Entity Name: ALFA-OMEGA CHECK CASHING CENTER LLC

Current Principal Place of Business:

3896 DAVIE BLVD
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

3896 DAVIE BLVD
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 20-1636105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RIZO AND DE ACOSTA
15025 NW 77 AVE
SUITE 137
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

PACHECO, JOSE L MGRM
3896 DAVIE BLVD
FORT LAUDERDALE, FL 33312 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: JOSE L PACHECO

05/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VIZCARRA, CARLOS
Address: 431 SW 203 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PACHECO, JOSE L
Address: 3896 DAVIE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: PRES () Change (X) Addition
Name: PACHECO, JOSE L
Address: 3896 DAVIE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JOSE L PACHECO

MGRM

05/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date