2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004
Secretary of State

DOCUMENT# L79007

Entity Name: SOUTH DIXIE CHECK CASHIERS, INC.

Current Principal Place of Business:

12265 S DIXIE HWY
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

451 S DIXIE HWY
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0207401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUNDSTROM, DAVID
451 S DIXIE HWY
CORAL GABLES, FL 33146

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LUNDSTROM, DAVID M	
Address:	451 S DIXIE HWY	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	S	( ) Delete
Name:	LUNDSTROM, DAVID M	
Address:	451 S DIXIE HWY	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	VP	( ) Delete
Name:	LUNDSTROM, VALORI	
Address:	451 SOUTH DIXIE HWY.	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	D	( ) Delete
Name:	LUNDSTROM, JUDY	
Address:	12265 SOUTH DIXIE HWY	
City-St-Zip:	MIAMI, FL 33156	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M LUNDSTROM PD 02/10/2004

Electronic Signature of Signing Officer or Director — Date