

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L79007

FILED  
Apr 12, 2005  
Secretary of State

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      US

**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 (X) 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 LUNDSTROM

PRES

04/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date