

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90001 024 ***150.00

DOCUMENT # L81990 1. Entity Name QUICK & EASY CASH, CORP.					
Principal Place of Business 4593 N W 7TH STREET MIAMI, FL 33126			Mailing Address 4593 NW 7TH STREET MIAMI, FL 33126		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0204286	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SANCHEZ, ISABELLE 4593 NW 7TH STREET MIAMI, FL 33126				7. Name and Address of New Registered Agent Name GONZALEZ, MIRIAM E Street Address (P.O. Box Number is Not Acceptable) 4593 NW 7th St City MIAMI FL Zip Code 33126	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE MIRIAM E. GONZALEZ 7/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SANCHEZ, ISABELLE 4593 NW 7TH STREET MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SANCHEZ, HILARIO 4593 NW 7TH STREET MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARVAJAL, CHRISTINE 4593 NW 7TH STREET MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/D/S SANCHEZ, HILARIO 4593 NW 7th St MIAMI FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/D/S SANCHEZ, HILARIO 4593 NW 7th St MIAMI FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/D/S SANCHEZ, HILARIO 4593 NW 7th St MIAMI FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/D/S SANCHEZ, HILARIO 4593 NW 7th St MIAMI FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: HILARIO SANCHEZ 305 476-9393 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

~~534062977~~
#L81990

DIVISION OF CORPORATION
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

ENCLOSED, PLEASE FIND A COPY OF MS. ISABELLE SANCHEZ
DEAD CERTIFICATE, ALSO MONEY ORDERS IN THE AMOUNT OF \$ 150.00.

SINCERELY,

Hilario Sanchez
HILARIO SANCHEZ

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY
CERTIFICATE OF DEATH
FLORIDATYPE OR
PRINT IN
PERMANENT
BLACK INK

54062977

LOCAL FILE NO.		1. DECEDENT'S NAME FIRST: <u>Isabelle</u> MIDDLE: <u>Sanchez</u> LAST: <u>Sanchez</u>		2. SEX <u>Female</u>	
3. DATE OF DEATH (Month, Day, Year) <u>May 1, 2004</u>		4. SOCIAL SECURITY NUMBER <u>137-48-3788</u>		5a. AGE Last Birthday (years) <u>52</u> 5b. UNDER 1 YEAR Months: <u> </u> Days: <u> </u> Hours: <u> </u> Minutes: <u> </u>	
6. DATE OF BIRTH (Month, Day, Year) <u>February 25, 1952</u>		7. BIRTHPLACE (City and State or Foreign Country) <u>Gunabacoa, Cuba</u>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) <u>No</u>	
9a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: <input checked="" type="checkbox"/> Inpatient ER/Outpatient DOA OTHER Nursing Home Residence Other (Specify)		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Miami</u>		9c. COUNTY OF DEATH <u>Miami-Dade</u>	
10. GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE. (DO NOT USE RETIRED) <u>Certified Public Accountant</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SURVIVING SPOUSE (If wife, give maiden name) <u>Hilario Sanchez</u>	
13a. RESIDENCE - STATE <u>Florida</u>		13b. COUNTY <u>Miami-Dade</u>		13c. CITY, TOWN, OR LOCATION <u>Miami Beach</u>	
13d. INSIDE CITY LIMITS? (Yes or No) <u>Yes</u>		13e. ZIP CODE <u>33140</u>		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Puerto Rican, etc.) <u>Yes</u> Specify: <u>Cuban</u>	
15. RACE - American Indian, Black, White, etc. Specify: <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary College (1-4 or 5-12) <u>4</u>		17. FATHER'S NAME (First, Middle, Last) <u>Sergio Orlando Alvarez</u>	
18. MOTHER'S NAME (First, Middle, Maiden Surname) <u>Antonia Nidia Balzola</u>		19a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <u>6039 Collins Ave, #623, Miami Beach, FL 33140</u>		19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Homestead Crematory</u>	
20a. METHOD OF DISPOSITION Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		20b. LOCATION - City or Town, State <u>Homestead, Florida</u>		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>	
21b. LICENSE NUMBER (of Licensee) <u>4538</u>		21c. NAME AND ADDRESS OF FACILITY <u>Funeraria Memorial Plan-Westchester</u> <u>9800 Coral Way, Miami, FL 33165</u>		22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) <u>[Signature]</u> 22b. DATE SIGNED (Mo., Day, Yr.) <u>5/20/04</u> 22c. HOUR OF DEATH <u>9:45 P. M.</u> 22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>[Signature]</u>	
23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated (Signature and Title) <u>[Signature]</u> 23b. DATE SIGNED (Mo., Day, Yr.) <u>5/20/04</u> 23c. HOUR OF DEATH <u>9:45 P. M.</u> 23d. MEDICAL EXAMINER'S CASE # <u> </u>		24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) <u>Carmen Cabeza-Romero, M.D., 3700 Executive Way, Miramar, FL 33025</u>		25. DATE REGISTERED <u>MAY 25 2004</u>	
25a. SUBREGISTRAR - SIGNATURE AND DATE <u>[Signature]</u> <u>May 21, 2004</u>		25b. LOCAL REGISTRAR - SIGNATURE <u>[Signature]</u>		26. PART I. Cause of death, diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. <u>Metastatic Breast Cancer</u> DUE TO (OR AS A CONSEQUENCE OF): a. <u> </u> b. <u> </u> c. <u> </u> d. <u> </u>	
26. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <u> </u>		27a. WAS AN AUTOPSY PERFORMED? (Yes or No) <u>No</u>		27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) <u>Yes</u>	
28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) <u>Yes</u>		29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		30a. IF SURGERY IS MENTIONED IN PART I OR II, ENTER CONDITION FOR WHICH IT WAS PERFORMED <u> </u>	
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined <u> </u>		32a. DATE OF INJURY (Month, Day, Year) <u> </u>		32b. TIME OF INJURY <u> </u>	
32c. INJURY AT WORK? (Yes or No) <u> </u>		32d. DESCRIBE HOW INJURY OCCURRED <u> </u>		32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) <u> </u>	
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>		32g. DATE OF SURGERY (Mo., Day, Year) <u> </u>		32h. DATE OF SURGERY (Mo., Day, Year) <u> </u>	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY

Marino Dorder

MAY 26 2004

State Registrar



WARNING:
C1067266

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.
THIS DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF
HEALTH

DOH FORM 1946 (10-03)