

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # M04424						
<small>1. Entity Name</small> TODO ES CASH, INC.						
<small>Principal Place of Business</small> 1747 S.W. 8TH. STREET MIAMI, FL 33135-3506	<small>Mailing Address</small> 1747 S.W. 8TH. STREET MIAMI, FL 33135-3506	 01072006 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;"><small>4. FEI Number</small> 59-2443325</td><td style="width: 40%; padding: 2px;"><small>Applied For</small> <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;"><small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	<small>4. FEI Number</small> 59-2443325	<small>Applied For</small> <input type="checkbox"/> Not Applicable	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required	
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<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
<small>6. Name and Address of Current Registered Agent</small> SANCHEZ, NELIA 1845 S.W. 24 ST. MIAMI, FL		DO NOT WRITE IN THIS SPACE				
<small>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.</small>						
<small>SIGNATURE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>(NOTE: Registered Agent signature required when re-registering)</small> 11000001482530						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees 11/27/06-80039-008 150.00				
10. OFFICERS AND DIRECTORS						
<small>TITLE</small>	PD					
<small>NAME</small>	SANCHEZ, NELIA					
<small>STREET ADDRESS</small>	1845 S.W. 24TH. STREET					
<small>CITY- ST- ZIP</small>	MIAMI, FL					
<small>TITLE</small>						
<small>NAME</small>						
<small>STREET ADDRESS</small>						
<small>CITY- ST- ZIP</small>						
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<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 files empowered.</small>						
SIGNATURE: <u>Nelia Sanchez</u> NELIA SANCHEZ, 2/13/06- 305-541-9538 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>						