

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90003 030 \*\*\*150.00

**DOCUMENT # P00000050200**

1. Entity Name  
**CASHFLOW FINANCING INC.**



Principal Place of Business  
**5394 WEST 16TH AVE  
 HIALEAH, FL 33012**

Mailing Address  
**5394 WEST 16TH AVE  
 SUITE 110  
 HIALEAH, FL 33012**

**44000671**



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-1021687** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**OBISPO, DELIA M  
 5394 W 16TH AVE  
 HIALEAH, FL 33012**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
 NAME DE OBISPO, DELIA M  
 STREET ADDRESS 5394 W 16TH AVE  
 CITY-ST-ZIP HIALEAH, FL 33012

TITLE VSTD  
 NAME OBISPO, MIGUEL  
 STREET ADDRESS 5394 W 16TH AVE  
 CITY-ST-ZIP HIALEAH, FL 33012

TITLE 2VP  
 NAME OBISPO, MARANGELA  
 STREET ADDRESS 5394 W 16TH AVE  
 CITY-ST-ZIP HIALEAH, FL 33012

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE  
 IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/05/04*  
 Date

*305-828-3099*  
 Daytime Phone #