

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 12, 2008  
Secretary of State**

DOCUMENT# P00000056033

Entity Name: NEW MILENIUM CASH EXCHANGE, INC.

**Current Principal Place of Business:**

1610 COLLINS AVE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

1610 COLLINS AVE  
MIAMI BEACH, FL 33139 US

**Current Mailing Address:**

1610 COLLINS AVE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

1610 COLLINS AVE  
MIAMI BEACH, FL 33139 US

FEI Number: 65-1015271      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOPEZ, FLOR A  
820 3RD ST #10  
FORT LAUDERDALE, FL 33319 US

**Name and Address of New Registered Agent:**

LOPEZ, FLOR A  
1610 COLLINS AVENUE  
MIAMI BEACH, FL 33319 US

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: FLOR A LOPEZ      04/12/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: LOPEZ, PEDRO A  
Address: 820 3RD STREET #10  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: LOPEZ, FLOR A  
Address: 1610 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: P      (X) Delete  
Name: LOPEZ, FLOR A  
Address: 820 3RD STREET, APT. 10  
City-St-Zip: MIAMI BEACH, FL 33139

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FLOR A LOPEZ      P      04/12/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date