


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000100417	
1. Entity Name R.J. CASH III, INC.	

Principal Place of Business 10090 NW 27TH AVE MIAMI, FL 33147	Mailing Address 10090 NW 27TH AVE MIAMI, FL 33147
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DO NOT WRITE IN THIS SPACE



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1054112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, STEPHEN S ESQ
7411 MIAMI LAKES DR
MIAMI LAKES, FL 33014

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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 _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESQUIVEL, WILLIAM 10090 NW 27TH AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESQUIVEL, RAFAEL E 10090 NW 27TH AVE MIAMI, FL 33147
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02/28/06-80078-015 150.00

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 my address, with all other like empowered.

SIGNATURE: *William Esquivel Pres. R53* *2/15/06* *305-691-5111*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #