


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P01000004324 1. Entity Name DAILY CHECK CASHING, INC. |  |
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| Principal Place of Business 11834 NW 10TH AVENUE MIAMI, FL 33168 | Mailing Address 11834 NW 10TH AVENUE MIAMI, FL 33168 |
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DO NOT WRITE IN THIS SPACE



03072007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-1064106 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CARRASCO, YURAMA 1455 NW 29TH AVENUE MIAMI, FL 33125 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 CARRASCO, YURAMA 1455 NW 29TH AVENUE MIAMI, FL 33125 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V QUINTERO, ANTONIO 1455 NW 29TH AVENUE MIAMI, FL 33125 |
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05/08/07-80029-024 150.00

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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 like empowered.

SIGNATURE: Yurama Carrasco PRESIDENT 4/19/07 305 953 8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

YURAMA CARRASCO