2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000004324

1. Entity Name
DAILY CHECK CASHING, INC.

Principal Place of Business	Mailing Address
11834 NW 10TH AVENUE	11834 NW 10TH AVENUE
MIAMI, FL 33168	MIAMI, FL 33168

DO NOT WRITE IN THIS SPACE

02222008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1064106	Not Applicable

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

6. Name and Address of Current Registered Agent

CARRASCO, YURAMA
1455 NW 29TH AVENUE
MIAMI, FL 33125

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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
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, 2008 Fee will be $550.00

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

U00000885553
04/19/08-80018-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARRASCO, YURAMA
STREET ADDRESS	1455 NW 29TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	V
NAME	QUINTERO, ANTONIO
STREET ADDRESS	1455 NW 29TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____   3/31/08   (3as)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   953-4400   Daytime Phone #

YURAMA CARRASCO