

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039074

FILED
Apr 29, 2004
Secretary of State

Entity Name: CASH FINDERS, INC.

Current Principal Place of Business:

THE ADVOCATE BLDG.-2ND FLOOR
315 S.E. 7TH STREET
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

6363 N.W. 6 WAY
SUITE 420
FORT LAUDERDALE, FL 33309

Current Mailing Address:

THE ADVOCATE BUILDING -2ND FLOOR
315 S.E. 7TH STREET
FORT LAUDERDALE, FL 33301

New Mailing Address:

6363 N.W. 6 WAY
SUITE 420
FORT LAUDERDALE, FL 33309

FEI Number: 02-0598371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, NOEMI E
THE ADVOCATE BUILDING -2ND FLOOR
315 S.E. 7TH STREET
FORT LAUDERDALE, FL 33301

Name and Address of New Registered Agent:

MEDINA, HECTOR L
934 NORTH UNIVERSITY DRIVE
#441
CORAL SPRINGS, FL 33071

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: HECTOR L. MEDINA

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KARLIN, STEWART L
Address: THE ADVOCATE BLDG.-2 FL, 315 S.E. 7TH ST.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: V () Delete
Name: MEDINA, NOEMI E
Address: THE ADVOCATE BLDG.-2 FL, 315 S.E. 7TH ST.
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEWART L. KARLIN

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date