


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90052 008 ***150.00

DOCUMENT # P02000126379 1. Entity Name CASHFLO INTERNATIONAL, INC.	
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Principal Place of Business 3652 CARRIAGE GATE DRIVE WEST MELBOURNE, FL 32904 780 MULLET DR UNIT 126 CAPE CANAVERAL FL 32920	Mailing Address 3652 CARRIAGE GATE DRIVE WEST MELBOURNE, FL 32904
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01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1139159	Applied For <input type="checkbox"/> Not Applicable
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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 VILLANUEVA, FLORA 3652 CARRIAGE GATE DRIVE WEST MELBOURNE, FL 32904

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D VILLANUEVA, FLORA 3652 CARRIAGE GATE DR MELBOURNE, FL 32904
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Flora F. Villanueva / FLORA F. VILLANUEVA 3/16/04 (321) 727-3068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #