
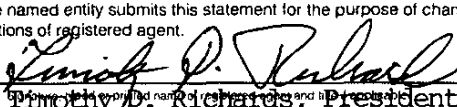
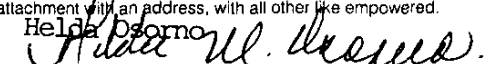


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAR 15 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000011192</b>					
1. Entity Name <b>CASHMAKER, CORP</b>					
Principal Place of Business <b>7171 CORAL WAY 104 MIAMI, FL 33155</b>			Mailing Address <b>7171 CORAL WAY 104 MIAMI, FL 33155</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address <b>2665 S. Bayshore Drive</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>Miami, FL</b>		
Zip	Country	Zip	Country	4. FEI Number <b>32-0056394</b>	
<b>33133</b>	<b>USA</b>	<b>33133</b>	<b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>OSORNO, HELDA M P 7171 CORAL WAY 104 MIAMI, FL 33155</b>				7. Name and Address of New Registered Agent Name <b>World Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2665 S. Bayshore Drive, Suite 703</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33133</b>	
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  <b>Linda P. Richards, President</b> DATE <b>3/13/07</b> (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V OSORNO, JUAN M 7171 CORAL WAY #104 MIAMI, FL 33155</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Osorno, Helda 2665 S. Bayshore Drive, Suite 703 Miami, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PELAZ, PATRICIA E 7171 CORAL WAY #104 MIAMI, FL 33155</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700093707127 03/19/07--01002--026 **\$150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>K. Eckel MAR 15 2007</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>Helda Osorno</b>		DATE <b>3/13/07</b>		PHONE <b>(305) 858-9900</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	