2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAR 15 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000011192

1. Entity Name
CASHMAKER, CORP

03082007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
7171 CORAL WAY 104 MIAMI, FL 33155	7171 CORAL WAY 104 MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	2665 S. Bayshore Drive
Suite, Apt. #, etc.	Suite 703
City & State	City & State: Miami, FL
Zip / Country	Zip: 33133 / Country: USA

4. FEI Number: 32-0056394 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OSORNO, HELDA M P 7171 CORAL WAY 104 MIAMI, FL 33155	Name: World Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 2665 S. Bayshore Drive, Suite 703 City: Miami **FL** Zip Code: 33133

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: Timothy D. Richards 3/13/07

Timothy D. Richards, President (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OSORNO, JUAN M 7171 CORAL WAY #104 MIAMI, FL 33155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Osorno, Helda 2665 S. Bayshore Drive, Suite 703 Miami, FL 33133 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PELAEZ, PATRICIA E 7171 CORAL WAY #104 MIAMI, FL 33155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700093707127 03/19/07--01002--026 **150.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	K. Eckel MAR 15 2007 ☐ Change ☐ 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: Helda Osorno Helda M. Osorno 3/13/07 (305) 858-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #