


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000011192																																										
1. Entity Name CASHMAKER, CORP																																										
Principal Place of Business 471 SW 89TH COURT MIAMI, FL 33174	Mailing Address 471 SW 89TH COURT MIAMI, FL 33174																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent ARANGO, GLORIA 471 SW 89TH COURT MIAMI, FL 33174		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: <i>Gloria Arango</i> (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																								
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		4. FEI Number 32-0056394 Applied For <input type="checkbox"/> Not Applicable																																								
10. OFFICERS AND DIRECTORS		DATE 4-22/08																																								
<table border="1"><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>ARANGO, GLORIA</td></tr><tr><td>STREET ADDRESS</td><td>471 SW 89TH COURT</td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL 33174</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	P	NAME	ARANGO, GLORIA	STREET ADDRESS	471 SW 89TH COURT	CITY-ST-ZIP	MIAMI, FL 33174	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
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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: <i>Gloria Arango</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		000000919350 05/13/08-80118-014 150.00																																								
<i>Gloria Arango</i>		DATE 4-22/08 Daytime Phone # 786-2180310																																								