2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2004 8:00 am Secretary of State

DOCUMENT # P03000016266			02-24-2004 90017 044 ***158.75	
1. Entity Name ANNIES QUICK CASH INCORPORATED			02-24-2004 90017 044 138.73	
2117 30		WE TO		
Principal Place of Business	Mailing Address		UNIVARY TOTAL HERE	
-2155 AMERICANA BLVD. -ORLANDO, FL. 32809	2155 AMERICANA BLVD ORLANDO, FL 32809	(1995 BY SAN SAL OFFI FOR SAL DRESS OF USE	
Hade May 1, 2004 - His Mill Co.				
2. Principal Place of Business				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02122004 Chg-P CR2E034 (10/03)	
City & State	City & State	-	4. FEI Number Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
PORTALATIN NESTOR R				
		Street Addr	ress (P.O. Box Number is Not Acceptable)	
		3417		
		City A	70PKA FL Zip Code 32703	
	or the purpose of changing its r	registered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.			N/A	
SIGNATURE Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	: Registered Agent signature r	required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550	9. Election Campaig Trust Fund Contr		\$5.00 May Be Added to Fees	
10. OFFICERS AND	DIRECTORS 19 - 1 - 1 - 1 - 1 - 1	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
THE TANK TO SENT TO SE	☐ Delete	TITLE	OWNER Change CAddition	
NAME 15. 21. 2. STREET ADDRESS	The second secon	NAME STREET ADDRESS	Jestor R. Portalafin 3417 Jamison Drive	
City-St-ZiP			Apopka , FL 32703	
TITLE AT STREET AND A STREET	- Delete	TITLE	☐ Change ☑ Addition	
NAME		NAME	Noemi Valentiu	
STREET ADDRESS ! CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	2811 St. Clair Ch Orlando, FL 32818	
TITLE	Delete	TITLE	Change Addition	
NAME -		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	Delete -	TITLE -	Change - ☐ Addition	
NAME		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	E Doine	NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	ith this filling door not smallfy for	CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated on this report or supplemental report of the corporation or the receiver or trustee em	is true and accurate and that report	ny signature shall hav as required by Chapt	re the same legal effect as if made under oath; that I am an officer or director ter 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: * NOUNL	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	2/18/04 (407)056-9300 Date Devimo Phone	

2004 FOR PROFIT CORPORATION AHOCH MENT # P03000016266 940 19506 DOCUMENT # P03000016266 ANNIES QUICK CASH INCORPORATED Principal Place of Business Mailing Address 2155 AMERICANA BLVD. 2155 AMERICANA BLVD. ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number 20 - 3(68025 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PORTALATIN, NESTOR R Street Address (P.O. Box Number is Not Acceptable) 3417 SAMISON DRIVE APOPKA FL 32703 Drive anison 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change ☐ Addition President □ Delete TITLE TITLE Nestor R. Portalatin 3417 Jamison Drive NAME NAME STREET ADDRESS STREET ADDRESS FL CITY-ST-ZIP Apopka CITY-ST-7IP ☐ Addition VICE- President TITLE Change ☐ Delete TITLE NAME NAME NOEMI Valentin STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Addition TITLE 🔼 Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. (407) 856-9300 SIGNATURE: _

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR