

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050730

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: SOSO EXPRESS & CHECK CASHING, INC.

## Current Principal Place of Business:

8023 KIMBERLY BLVD  
FT LAUDERDALE, FL 33068

## New Principal Place of Business:

## Current Mailing Address:

8023 KIMBERLY BLVD  
FT LAUDERDALE, FL 33068

## New Mailing Address:

FEI Number: 01-0784337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NORCILIEN, IZALAINE  
1513 NW 3RD AVE  
FT LAUDERDALE, FL 33311 US

## Name and Address of New Registered Agent:

NORCILIEN, IZALAINE  
801 SW 56TH AVENUE  
MARGATE, FL 33068 US

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.

SIGNATURE: IZALAINE NORCILIEN

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NORCILIEN, ABSONEL  
Address: 1513 NW 3RD AVE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: NORCILIEN, IZALAINE B  
Address: 1513 NW 3RD AVE  
City-St-Zip: FT LAUDERDALE, FL 33311

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NORCILIEN, ABSONEL  
Address: 801 SW 56TH AVENUE  
City-St-Zip: MARGATE, FL 33068

Title: D (X) Change ( ) Addition  
Name: NORCILIEN, IZALAINE B  
Address: 801 SW 56TH AVENUE  
City-St-Zip: MARGATE, FL 33068

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABSONEL NORCILIEN

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date