

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000053184</b>			
1. Entity Name <b>CHECK CASHING CONNECTION INC.</b>			
Principal Place of Business <b>3565 NW 111 TERR SUNRISE, FL 33324</b>		Mailing Address <b>3565 NW 111 TERR SUNRISE, FL 33324</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 04212004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>01-0780609</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEHMAN, JAMES 3565 NW 111 TERR SUNRISE, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U00000149715 05/03/04-80197-007 150.00	
TITLE	<b>D</b>		
NAME	<b>LEHMAN, JAMES</b>		
STREET ADDRESS	<b>3565 NW 111 TERR</b>		
CITY-ST-ZIP	<b>SUNRISE, FL 33324</b>		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
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CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>James Lehman</b>		Date: <b>4-29-04</b> Daytime Phone #: <b>861-252-6791</b>	