2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/4/2005-90001-036-$150.00-$150.00

FILED
05 OCT -6 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50059765

DOCUMENT # P03000091715

1. Entity Name
FROM 1% CHECK CASHING INC.

Principal Place of Business	Mailing Address
122 WEST ATLANTIC AVE DELRAY BEACH, FL 33444 US	122 WEST ATLANTIC AVE DELRAY BEACH, FL 33444 US

2. Principal Place of Business	3. Mailing Address
301 WEST ATLANTIC AVE	301 WEST ATLANTIC AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach Florida	City & State: Delray Beach Florida
Zip: 33444 Country: U.S.	Zip: 33444 Country: U.S.

08312005 Chg-P CR2E034 (10/03)

4. FEI Number APPLIED FOR 54-1138681 ☐ 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
HAMDAN, AMJED 122 WEST ATLANTIC AVE DELRAY BEACH, FL 33444	Name: HAMDAN, AMJED Street Address (P.O. Box Number is Not Acceptable): 301 WEST ATLANTIC AVE City: Delray Beach FL Zip Code: 33444

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: X [signature] (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES HAMDAN, AMJED 122 WEST ATLANTIC AVE DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres HAMDAN, AMJED 301 WEST ATLANTIC AVE Suite #1 #22 Delray Beach Florida 33444	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC HAMDAN, AMJED 122 WEST ATLANTIC AVE. DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC HAMDAN, AMJED 301 WEST ATLANTIC Ave Delray Beach Florida 33444	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAMDAN, LUBNA 122 WEST ATLANTIC AVE. DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAMDAN LUBNA 301 WEST ATLANTIC AVE Delray Beach Florida 33444	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: X [signature] [signature] 9-5-05 561-276-1913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #