

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90476 021 \*\*\*150.00

<b>DOCUMENT # P04000122116</b> 1. Entity Name <b>AMERICAN CASH PRODUCTS CORP.</b>					
Principal Place of Business <b>19390 COLLINS AVENUE</b> <b>1405 - A</b> <b>SUNNY ISLES BEACH, FL 33160 US</b>			Mailing Address <b>19390 COLLINS AVENUE</b> <b>1405 - A</b> <b>SUNNY ISLES BEACH, FL 33160 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <b>110 -A</b>		Suite, Apt. #, etc. <b>1101-A</b>		04282005    Chg-P    CR2E034 (10/03)	
City & State		City & State		4. FEI Number <b>20-1529759</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROTTENBERG, CARLOS</b> <b>19390 COLLINS AVENUE</b> <b>1405 - A</b> <b># 1101-A</b> <b>SUNNY ISLES BEACH, FL 33160</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ROTTENBERG, CARLOS MR.</b> <b>19390 COLLINS AVENUE SUITE 1405 - A</b> <b>SUNNY ISLES BEACH, FL 33160</b>		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STE 1101-A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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:			Date: <b>4-28-2005</b> Daytime Phone #		