

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90027 020 \*\*\*158.75

07-05-2005 90118 028 \*\*\*150.00

**DOCUMENT # P04000164238**

1. Entity Name  
**CASH CONVERTERS INC.**



Principal Place of Business  
**780 NW 79TH STREET  
MIAMI, FL 33150**

Mailing Address  
**780 NW 79TH STREET  
MIAMI, FL 33150**

**50054723**



2. Principal Place of Business  
**AS ABOVE**

3. Mailing Address

06302005

Chg-P

CR2E034 (10/03)

Suite, Apt #, etc

Suite, Apt #, etc

City & State  
**MIAMI FLORIDA**

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
**33150**

Country

Zip

Country

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

**NOWAK, DIANNE  
5006 QUAYSIDE TERRACE  
MIAMI, FL 33138**

Name  
**DIANNE NOWAK**

Street Address (P.O. Box Number is Not Acceptable)

**780 NW 79th St**

City  
**MIAMI**

FL

Zip Code  
**33150**

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

*D. I. Nowak*

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  
**P  
NOWAK, DIANNE  
5006 QUAYSIDE TERRACE  
MIAMI, FL 33138** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
NOWAK, BENJAMIN  
5006 QUAYSIDE TERRACE  
MIAMI, FL 33138** ☐ 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

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: *D. I. Nowak* **D. I. Nowak**

**06-30-05**

Date

Daytime Phone #