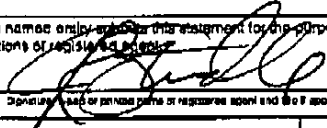
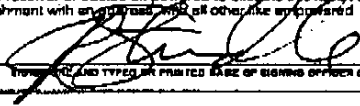


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY -8 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000026166			
1. Entity Name CHECK CASHING ADVISORS, INC.			
Principal Place of Business 750 EAST SAMPLE ROAD SUITE 3-2 POMPANO BEACH, FL 33064		Mailing Address 750 EAST SAMPLE ROAD, SUITE 3-2 POMPANO BEACH, FL 33064	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5092008		Chg-P CR2E034 (12/08)	
4. FEI Number NOT APPLICABLE		Applied For NOT APPLICABLE	
5. Certificate of Status Oath		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STUDLE, JAMES R 750 E SAMPLE ROAD, STE 3-2 POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity certifies 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 obligation of registered agent.			
SIGNATURE 		DATE 5/9/2008	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		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	PTD STUDLE, JAMES R 750 EAST SAMPLE ROAD, SUITE 3-2 POMPANO BEACH, FL 33064 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300128911793 05/09/08--01039--002 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SYNALOVSKI, FELIPE 750 EAST SAMPLE ROAD, SUITE 3-2 POMPANO BEACH, FL 33064 ☐ 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 exemptions contained 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 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 107, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my name and all other like employees.			
SIGNATURE: 		DATE 5/9/2008 954-788-7104	

T. Roberts MAY 12 2008