2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 MAY -9 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000026166

1. Entity Name
CHECK CASHING ADVISORS, INC.

05092008 Chg-P CR2E034 (12/06)

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 #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 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 [signature] 5/9/2008
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 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: PTD NAME: STUDLE, JAMES R STREET ADDRESS: 750 EAST SAMPLE ROAD, SUITE 3-2 CITY-ST-ZIP: POMPANO BEACH, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 300128911793 05/09/08--01039--002 **150.00
TITLE: VSD NAME: SYNALOVSKI, FELIPE STREET ADDRESS: 750 EAST SAMPLE ROAD, SUITE 3-2 CITY-ST-ZIP: POMPANO BEACH, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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 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: [signature] 5/9/2008 954-788-7104
Signature and typed or printed name of signing officer or director Date Daytime Phone #

T. Roberts MAY 12 2008