

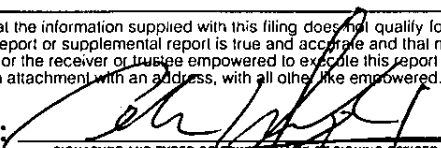


FILED
May 08, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000015518			
1. Entity Name CASHIM, CORP.			
Principal Place of Business 124 NW 80 TERR MARGATE, FL 33063		Mailing Address 124 NW 80 TERR MARGATE, FL 33063	
DO NOT WRITE IN THIS SPACE			
			05032008 No Chg-P CR2E034 (11/05)
		4. FEI Number 20-4414094	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELGUERO, CARLOS 124 NW 80 TERR MARGATE, FL 33063		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		U000000949921 06/03/08-80048-009 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HELGUERO, CARLOS E 124 NW 80 TERR MARGATE, FL 33063		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HELGUERO, SHIRLEY M 124 NW 80 TERR MARGATE, FL 33063		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		Date _____ Daytime Phone # _____	