2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2008 8:00 am Secretary of State 05-02-2008 90177 003 ***158.75 **DOCUMENT # P06000094293** 1. Entity Name BRAVO CHECK CASHING, INC. 7 U U U U ~~ ~ ~ Mailing Address Principal Place of Business 10400 NW 7TH AVENUE 10400 NW 7TH AVENUE MIAMI, FL 33150 MIAMI, FL 33150 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite Ant. #. etc. 04292008 CR2E034 (12/06) Chg-P Applied For 4. FEI Number City & State City & State 20-5226513 Not Applicable Country \$8.75 Additional Ζiρ Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent URENA, JOSE L Street Address (P.O. Box Number is Not Acceptable) 3665 HÉRON RIDGE LANE WESTON, FL 33331 AVENUE 10400 NW 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 (registered agent. SIGNATURE. red agent and title if applicable Signature, typed or \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEETS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Addition ☐ Delete TITLE ☐ Change TITLE URENA, MIGUEL A NAME NAME STREET ADORESS STREET ADDRESS 13751 N.W. 21 ST. CITY-ST-ZIP PEMBROKE PINES, FL 33028 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE SMAN NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS City-S1-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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 attackment with an accress, with all other like expowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

PED OR PRINTED NAME OF SIGN

MIGHER A. URENA