

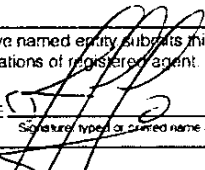
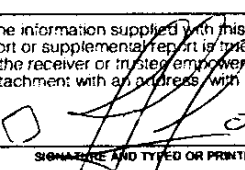


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000119568						FILED 07 MAY -1 PM 3:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name EXPRESS CASHING CHECKS, CORP.				Principal Place of Business 17690 S DIXIE HWY SUITE B MIAMI, FL 33157			
Mailing Address 17690 S DIXIE HWY SUITE B MIAMI, FL 33157							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State		4. FEI Number 20-5549370		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOLINA, ANTONIO 20311 SW 124TH AVE MIAMI, FL 33177				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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  <div style="display: flex; justify-content: space-between; font-size: small;"> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE </div>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
300102235813 05/14/07--01008--003 **150.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLINA, ANTONIO <input checked="" type="checkbox"/> Delete 20311 SW 124TH AVE MIAMI, FL 33177			TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) JAVIER CASTILLO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 17690 S. DIXIE HWY. Suite B MIAMI, FL 33157		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	(S) ANTONIO MOLINA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 17690 S. DIXIE HWY. Suite B MIAMI, FL 33157		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 #			