

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P10000052115 1. Entity Name MONEY SHOP EXPRESS INC.			
Principal Place of Business 4191 NW 41ST STREET SUITE 217 LAUDERDALE LAKES, FL 33319		Mailing Address 4191 NW 41ST STREET SUITE 217 LAUDERDALE LAKES, FL 33319	
2. Principal Place of Business - No P.O. Box # 4191 NW 41ST		3. Mailing Address 4191 NW 41ST STREET	
Suite, Apt. #, etc. 217		Suite, Apt. #, etc. 217	
City & State LAUDERDALE LAKES, FL		City & State LAUDERDALE LAKES, FL	
Zip 33319	Country USA	Zip 33319	Country USA
4. FEI Number 27-2969796		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, NORTON 4191 NW 41ST STREET SUITE 217 LAUDERDALE LAKES, FL 33319		7. Name and Address of New Registered Agent Name NEIL S. TAYLOR Street Address (P.O. Box Number is Not Acceptable) 4191 NW 41ST STREET, SUITE 217 LAUDERDALE LAKES City FL Zip Code 33319	
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 <u>Neil Taylor</u> NEIL TAYLOR - PRESIDENT DATE MAY 12, 2011 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2011 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP O TAYLOR, NORTON 4191 NW 41ST STREET SUITE 217 LAUDERDALE LAKES, FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT NEIL S. TAYLOR 4191 NW 41ST STREET LAUDERDALE LAKES, FL 33319	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP O TAYLOR, JASON 4191 NW 41ST STREET SUITE 217 LAUDERDALE LAKES, FL 33319	☒ 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
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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 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: <u>Neil Taylor</u> NEIL TAYLOR - PRESIDENT Date 5/12/11 Daytime Phone # 754-204-4423 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

11 MAY 23 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282011 Chg-P CR2E034 (11/08)