


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000039854 1. Entity Name SOUTH FLORIDA CHECK CASHER'S INC.	
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Principal Place of Business 5226 NW 17TH AVENUE MIAMI, FL 33142	Mailing Address 5226 NW 17TH AVENUE MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0497790	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 OSMAN, ELLEN 7405 S.W 134TH ST. MIAMI, FL 33156	DO NOT WRITE IN THIS SPACE
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000104526 04/06/04-80015-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSMAN, ELLEN 7405 SW 134TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV OSMAN, ELLEN 7424 SW 134TH ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OSMAN, JACK 3598 NW 27TH AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 500/Tres 4/2/04 305 634-6922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #