2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2006 08:00 AM Secretary of State DQCUMENT # P95000042455 1. Entity Name CASH ON KENDALL, INC. Principal Place of Business Mailing Address 15224 S.W. 72ND ST. 15224 S.W. 72ND ST. :MIAMI, FL MIAMI, FL CR2E034 (11/05) 01092008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0749821 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUIRIBITEY, RICARDO A DO NOT WRITE 2337 W. FLAGLER ST. MIAMI, FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \square Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GUIRIBITEY, RICARDO A STREET ADDRESS 15224 S.W. 72ND ST. CITY-ST-ZIP MIAMI, FL M000A0498336 NAME 04/17/06-80002-023 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP mle IN THIS SPACE NAME

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 path; 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 attachingst with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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