2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 27, 2007 08:00 Al Secretary of State **DOCUMENT # 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 01162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0749821 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GUIRIBITEY, RICARDO A 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME GUIRIBITEY, RICARDO A STREET ADDRESS 15224 S.W. 72ND ST. CITY-ST-ZIP MIAMI, FL TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #