2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000036347

FILED May 10, 2004 8:00 am Secretary of State

04-23-2004 90192 040 ***150.00

GOLD-N-CASH INC. II Principal Place of Business Mailing Address 66420329 7291 NW 36 ST 7291 NW 36 ST. MIAMI, FL 33155 MIAMI, FL 33155 2. Principal Place of Business 3. Mailing Address 7291 NW 36 ST 7291 NW 36 ST Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Florida MIANI FLORIDA 65-0672914 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33166 -A2U-33·16G υSA Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALAZAR, ALBA LUCIA Street Address (P.O. Box Number is Not Acceptable) 7291 NW 36 ST. MIAMI, FL 33155 City Zip Code 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 KODRIGO BOTERO Signature, typed or printed game of registered a DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD TITLE Delete TITLE Addition E ☐ Change PSP SALAZAR, ALBA LUCIA BOTERO JANICA LODRIGO. 7291 NW 365T NIANI FI 33166 NAME NAME STREET ADDRESS 7291 NW 36 ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-SY-ZIP VTD TITLE ☐ Delete TITLE VTD ☐ Change Addition SALAZAR ALBA LUCIA BOTERO, JAVIER R NAME NAME 7291 NW 36 ST NIAHI Fl 33166 STREET ADDRESS 7291 NW 36 ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 COY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-70 TITLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 by 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 approvered.

SIGNATURE: TROPLIGO BOTTO DAME OF SIGNING OFFICER OR DIRECTOR

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(305) 5999896