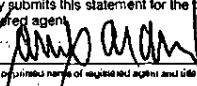
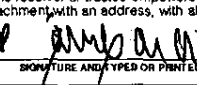


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90242 033 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000079244		
1. Entity Name EASYCASHEASY, CORPORATION		
Principal Place of Business 10057 HONEY TREE COURT ORLANDO, FL 32836		Mailing Address 10057 HONEY TREE COURT ORLANDO, FL 32836
2. Principal Place of Business 1940 JOHN YOUNG PKWY Suite, Apt. #, etc.		3. Mailing Address 1940 JOHN YOUNG PKWY Suite, Apt. #, etc.
City & State KISSIMMEE FL		City & State KISSIMMEE FL
Zip 34741		Country USA
4. FEI Number 59-3537293		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CARAM, PAULO B 10057 HONEY TREE COURT ORLANDO, FL 32836		7. Name and Address of New Registered Agent Name Paulo B. Caram Street Address (P.O. Box Number is Not Acceptable) 7931 VERSILIA DRIVE City ORLANDO FL 32836
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  PRES. DATE 4-23-03 (NOTE: Registered Agent signature required when installing)		
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 ☐ Delete NAME PTD STREET ADDRESS CARAM, PAULO B CITY-ST-ZIP 7931 VERSILIA DRIVE ORLANDO, FL 32836		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME SD STREET ADDRESS CARAM, IVANIA M. F CITY-ST-ZIP 7931 VERSILIA DRIVE ORLANDO, FL 32836		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME D STREET ADDRESS CARAM, FABIO F CITY-ST-ZIP 7931 VERSILIA DRIVE ORLANDO, FL 32836		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 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:  PAULO CARAM DATE 4-23-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

11017068



☐ CHECK HERE IF MAKING CHANGES

CR2ED04 (10/02)