FILED
Apr 28, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000097230

1. Entity Name
R & T CHECK CASHING, INC.

Principal Place of Business	Mailing Address
609 WEST MOWRY DR HOMESTEAD, FL 33030	609 WEST MOWRY DR HOMESTEAD, FL 33030

03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0876437
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PASTRAN, RAUL E
333 NE 8 STREET
HOMESTEAD, FL 33030

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRIMINO, ROLANDO
STREET ADDRESS	27045 SW 145TH AVENUE RD
CITY ST ZIP	NARANJA, FL 33032
TITLE	VD
NAME	TRIMINO, NAYLIS F
STREET ADDRESS	27045 SW 145TH AVENUE RD
CITY ST ZIP	NARANJA, FL 33032
TITLE	SD
NAME	TRIMINO, ROBERT
STREET ADDRESS	27045 SW 145TH AVENUE RD
CITY ST ZIP	NARANJA, FL 33032
TITLE	TD
NAME	TRUJILLO, JOSE FELIPE
STREET ADDRESS	27045 SW 145TH AVENUE RD
CITY ST ZIP	NARANJA, FL 33032
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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04/28/05-80016-002 150.00

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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: Naylis F. Trimino NAYlis F. Trimino 4-23-05 305-248-0480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #