2004 FOR PROFIT GORPORATION ANNUAL REPORT

SIGNATURE:

Jul 19, 2004 08:00 AM DOCUMENT # P99000066795 Secretary of State 1. Ent'ty Name FLORIDA CASH TO GO, INC. Principal Place of Business Malling Address 9096 BROOKLINE CT. 9096 BROOKLINE CT. ORLANDO, FL 32819 ORLANDO, FL 32819 No Chg-P CR2E034 (10/03) 07142004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-1444395 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HUSENAJ, BEDRI 9096 BROOKLINE CT. ORLANDO, FL 32819 IN THIS SPACE 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 8. The above named entity submits the the obligations of registered DATE wied hame of registered agent and tax, I applicable CHOTE Heg sered Agent a grature required when remotaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 Trust Fund Contribution. Added to Fees to. OFFICERS AND DIRECTORS TITLE HUSENAJ, BEDRI LAME STREET ADDRESS 9096 BROOKLINE CT. Unnqon167181 07/19/04-80014-012 550.00 CITY ST ZIE ORLANDO, FL 32819 TATLE NAME STREET ADDRESS CITY ST ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST ZIP IN THIS SPACE TIRE NAME STREET ADDRESS CHY-ST-ZIP TITLE MAME STREET ADDRESS CITY ST ZIP BILE NAME STREET ADDRESS CITY ST ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes, I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or the receiver or trustee employered 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.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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