

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # V44740 1. Entity Name DANA'S CASH-FLO, INC.				Secretary of State	
Principal Place of Business 2530 N. UNIVERSITY DR SUNRISE, FL 33322		Mailing Address 2530 N. UNIVERSITY DR SUNRISE, FL 33322			
DO NOT WRITE IN THIS SPACE		<div style="text-align: right;"> 01062004 No Chg-P CR2E034 (10/03) </div>			
		4. FEI Number 65-0338807		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALPERN, DANA 2530 N. UNIVERSITY DR SUNRISE, FL 33322		DO NOT WRITE 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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div style="text-align: right;"> 01/09/04-80019-015 150.00 </div>			
TITLE	PVPT				
NAME	GALPERN, DANA N				
STREET ADDRESS	2530 N. UNIVERSITY DR				
CITY-ST-ZIP	SUNRISE, FL 33322				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
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: _____		Date: 1/6/2004 Signature Phone #: (954) 746-7283			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					