2004 FOR PROFIT CORPORATION

Apr 12, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P03000113330 2004 90279 032 ***150 00 BIG AL'S GUN AND PAWN, INC. Principal Place of Business Mailing Address 3300 WEST HALLANDALE BEACH BLVD. PEMBROKE PARK FL 33023 3300 WEST HALLANDALE BEACH BLVD. PEMBROKE PARK FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 🚱 D'ONOFRIO, LINDA G Street Address (P.O. Box Number is Not Acceptable) 3300 WEST HALLANDALE BEACH BLVD. PEMBROKE PARK FL 33023 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. am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P/D TITLE ☐ Change ☐ Addition Delete MARKE D'ONOFRIO, LINDA G NAME STREET ADDRESS 3300 WEST HALLANDALE BEACH BLVD. STREET ADDRESS CITY-ST-ZIP PEMBROKE PARK FL 33023 CITY-ST-ZIP VP/D ☐ Addition TITLE ☐ Delete TITLE ☐ Change GROSS, SHEILA NAME 3300 WEST HALLANDALE BEACH BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PARK FL 33023 CITY-ST-ZIP TITLE Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIG

4-6-04

FILED