## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000084826

Entity Name: PARADISE JEWELRY & PAWN, INC.

FILED Apr 29, 2009 Secretary of State

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Current Principal Place of Business:		New Principal Place of Bu	New Principal Place of Business:	
5261 HANSARD AVENUE NORTH PORT, FL 34291	US	12705 TAMIAMI TRAIL NORTH PORT, FL 34287	US	
Current Mailing Address:		New Mailing Address:		
5261 HANSARD AVENUE NORTH PORT, FL 34291	US	12705 TAMIAMI TRAIL NORTH PORT, FL 34287	US	
FEI Number: 26-3373182	FEI Number Applied For()	FEI Number Not Applicable ( )	ertificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of Nev	Name and Address of New Registered Agent:	
ANTON, CAREY 5261 HANSARD AVENUE NORTH PORT, FL 34291	US			
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.				
SIGNATURE:				
Electronic Signature of Registered Agent		t	Date	
Election Campaign Financing Tr	ust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS	

Title:

Title: Title: (X) Change ( ) Addition ( ) Delete ANTON, CAREY ANTON, CAREY Name: Name: 5261 HANSARD AVENUE Address: 5261 HANSARD AVENUE Address: City-St-Zip: NORTH PORT, FL 34291 US City-St-Zip: NORTH PORT, FL 34291 US Title: () Delete Title: (X) Change ( ) Addition GRAHAM-NATWICK, DEBRA GRAHAM-NATWICK, DEBRA Name: Name: Address: 5261 HANSARD AVENUE Address: 5261 HANSARD AVENUE NORTH PORT, FL 34291 US NORTH PORT, FL 34291 US City-St-Zip: City-St-Zip:

> Title: ( ) Change (X) Addition ( ) Delete Name: WATKINS, KELLY Address: 5261 HANSARD AVENUE

Name: Address: City-St-Zip: City-St-Zip: NORTH PORT, FL 34291 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA GRAHAM-NATWICK S/T 04/29/2009