## 2004 FOR PROFIT CORPORATION

## **FILED** Apr 30, 2004 08:00 AM te

ANNUAL REPORT					Secretary of Sta			
DOCUMENT # J68571				<u>~</u>	~	<i>y</i> = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 =	~ ****	
1. Enlity Name HOLLYWOOD JEWELRY AND PAWN BROKERS, INC.								
Principal Place of Business Mailing Address 2761 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021  Mailing Address 2761 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021					HO OKKER KOLEK RINK KOEGO KA		<u>     (<b>   1</b> </u>	
DO NOT WRITE IN THIS SPA			CE	01122004 4. FEI Numb	No Chg-P	CR2E034 (10/03)	ed For	
				59-280	00950	Not A	pplicable	
	6. Name and Address of Current Re	vistered Acent	<del></del>	5. Certificate	of Status Desired	Fee Required		
SCHIANO, RICHARD 361 NW 108TH AVE PLANTATION, FL 33324			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  Significant vision of registered agent and the dispositions of registered agent agen								
FILE NOWI!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution			ncing	\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			1		<u> </u>			
NAME SIREET ADDRESS CITY ST ZIP	VSD SCHIANO. RICHARD 2761 N. STATE ROAD 7 HOLLYWOOD, FL				[a]=]n]]a   1]4,722,794	0144178 -80121-003 150.	. 00	
TITLE NAME STREET ADDRESS CITY ST ZIP								
HAME STREET ADDRESS CITY ST-ZIP				DO	NOT W	/RITE		
TITLE NAME STREET ADDRESS CUTY-ST ZIP				IN '	THIS SI	PACE		
TITLE NAME STREET ADDRESS								

12. Thereby certify that the information supplied with this filling 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 the empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY ST-ZIP

1-28-04 954-472-40