

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L85276

1. Entity Name

AMERICASH PAWN SHOP, INC.



Principal Place of Business  
2518 NE 2ND AVENUE  
MIAMI FL 33137

Mailing Address  
2518 NE 2ND AVENUE  
MIAMI FL 33137



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE

CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0215194

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESTREPO, FABIOLA  
2518 N.E. 2ND AVENUE  
MIAMI FL 33137

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I 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**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ZULETA, OSCAR  
STREET ADDRESS 2518 N.E. 2ND AVE.  
CITY- ST- ZIP MIAMI FL 33137 ☐ Delete

TITLE S  
NAME RESTREPO, FABIOLA  
STREET ADDRESS 2518 NE 2ND AVE  
CITY- ST- ZIP MIAMI FL 33137 ☐ Delete

TITLE TD  
NAME ZULETA, GLADYS R  
STREET ADDRESS 2518 N E 2ND AVENUE  
CITY- ST- ZIP MIAMI FL 33137 ☐ Delete

TITLE DV  
NAME ZULETA, JUAN C  
STREET ADDRESS 2518 NE 2ND AVENUE  
CITY- ST- ZIP MIAMI FL 33137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition  
U00000605922  
01/30/07-80057-021 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Fabiola Restrepo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24/07305-5769608  
Date Daytime Phone #