## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P00000091669**

1. Entity Name
**CLASSIC PAWN, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2720 W. BROWARD BLVD<br>FORT LAUDERDALE, FL 33312 | 2720 W. BROWARD BLVD<br>FORT LAUDERDALE, FL 33312 |

66004940

| 2. Principal Place of Business | 3. Mailing Address | |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 01232006    Chg-P    CR2E034 (11/05) |
| City & State | City & State | **4. FEI Number** 65-1050775 | 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**

WILEN, BARRY A ESQ.
4601 SHERIDAN STREET
SUITE 208
HOLLYWOOD, FL 33021

**7. Name and Address of New Registered Agent**

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**<br>**After May 1, 2006 Fee will be $550.00** | 9. Election Campaign Financing Trust Fund Contribution. ☐ | $5.00 May Be Added to Fees | |
|---|---|---|---|

**10. OFFICERS AND DIRECTORS** | **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | D | ☐ Delete | TITLE | | ☒ Change ☐ Addition |
|---|---|---|---|---|---|
| NAME | GAMBARDELLA, STEVEN | | NAME | | |
| STREET ADDRESS | 2850 NE 24TH PLACE | | STREET ADDRESS | 438 COCONUT ISLE | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33305 | | CITY-ST-ZIP | FORT LAUDERDALE, FL 33301 | |

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

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

| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
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| 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 | | |

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Steven Gambardella *Steven Gambardella*    3/6/06    954-792-7676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #

ATTACHMENT
#66 004525

# FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

**CLASSIC PAWN, INC.**
**2720 W. BROWARD BLVD**
**FORT LAUDERDALE, FL 33312**

Subject: **CLASSIC PAWN, INC.**

Reference Number: P00000091669

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm
ANNUAL REPORTS SECTION