2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2006 08:00 AN DOCUMENT # P01000059691 **Secretary of State** ACCURATE PAWN & JEWELRY INC. Principal Place of Business Mailing Address 3659 N. FEDERAL HWY. 3659 N. FEDERAL HWY. POMPANO BCH, FL 33064 POMPANO BCH, FL 33064 01132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1110918 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AGAMI, ITZHAK DO NOT WRITE 4902 NORTHWEST 119TH TERRACE CORAL SPRINGS, FL. 33076 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ITZHAK, AGAMI NAME STREET ADDRESS 4902 NORTHWEST 119TH TERRACE CITY-ST-ZIP CORAL SPRINGS, FL 33076 TITLE NAMP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY+ST-ZIP

SICHATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-13-1010 954-946-4653

FILED

Daytime Phone