


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90057 037 ***150.00

DOCUMENT # P01000088071	
1. Entity Name MIAMI GOLD PAWN, INC.	

Principal Place of Business 1062 W. FLAGLER STREET MIAMI, FL 33130	Mailing Address 1062 W. FLAGLER STREET MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1136080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SABUGO JIMENEZ, SANDRA
1062 W. FLAGLER STREET
MIAMI, FL 33130**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SABUGO JIMENEZ, SANDRA 1062 W. FLAGLER STREET MIAMI, FL 33130
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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: Sandra Sabugo 1/16/06 305-979-0385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #