
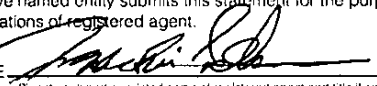
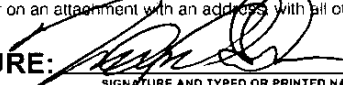


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90040 040 ***150.00

DOCUMENT # P02000110541																					
1. Entity Name ACE PAWN & JEWELRY INC.																					
Principal Place of Business 943 S. FEDERAL HIGHWAY DEERFIELD BEACH, FL 33441		Mailing Address 943 S. FEDERAL HIGHWAY DEERFIELD BEACH, FL 33441																			
2. Principal Place of Business - No P.O. Box # 7860 Wiles Road Suite, Apt. #, etc.		3. Mailing Address 7860 Wiles Road Suite, Apt. #, etc.																			
City & State Coral Springs, FL Zip 33067 Country USA		City & State Coral Springs, FL Zip 33067 Country USA																			
4. FEI Number 33-1026626		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01102008 Chg-P CR2E034 (12/06)																			
6. Name and Address of Current Registered Agent GOLDMAN, MAX 943 S. FEDERAL HWY DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7860 Wiles Road City Coral Springs, FL Zip Code 33067																			
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  Max Goldman <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> 3/10/08 <small>DATE</small> </div> </div>																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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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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: 		Max Goldman 1/11/2008 (954) 429-8970 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>																			