## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 01, 2005 8:00 am **Secretary of State DOCUMENT # P02000121805** 1. Entity Name 02-01-2005 90018 006 \*\*\*150.00 PRESTO JEWELRY & PAWN, INC. Principal Place of Business Mailing Address 3984 LAKE WORTH RD **62 MIDWOD LANE** BOYNTON BEACH, FL 33436 LAKE WORTH, FL 33463 2. Principal Place of Business 3. Mailing Address 3984 LAKE WORTH KA Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State WORTH City & State 05-0539258 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DBEEL HARTINEZ MARTINEZ, ADBEEL Street Address (P.O. Box Number is Not Acceptable) **62 MIDWOOD LANE** BOYNTON BEACH, FL 33436 4022 W. HAMILTON Zip Code 33サル 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition PD TITLE TITLE ☐ Defete NAME MARTINEZ, ADBEEL 4022 W. HAMILTON KEY WEST PALM BEACD, FLOXION 33411 STREET ADDRESS **62 MIDWOOD LANE** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOYNTON BEACH, FL 33436 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ПΒЕ ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED