2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000121805 1. Entity Name PRESTO JEWELRY & PAWN, INC.					01-30-2006 90041 015 ***150.00				
Principal Plac	en of Business	Mailing Address			†		••••	<u> </u>	
Principal Place of Business 3984 LAKE WORTH RD LAKE WORTH, FL 33463		Mailing Address 3984 LAKE WORTH RD LAKE WORTH, FL 33463				1)16 NEW STALL SEAL SE			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01252006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State			4. FEI Number 05-0539	258			plied For t Applicable
Zip 	Country	Zip	Count	try	Ļ	f Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New	Registered A	Agent	
MARTINEZ, ADBEEL 4022 W: HAMCITON-KEY-				Street Address (P.O. Box Number is Not Acceptable)					
WEST PALM BEACH, FL 33411									
	1			City				Zip Code	3
The above named entity submits this statement for the purpose of changing its registere						To all a Charles of El	FL.	<u> </u>	
	tions of registered agent.	or the purpose of changing its	s registere	ad diffice or register	red agent, or both	, in the State of F	ionoa. Fami	ammar with, a	апо ассері
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	TE: Registered	d Agent signature required	t when reinstating)	 -	DATE	_	· ····
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campa Trust Fund Con			.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND	DIRECTORS	3 IN 11
TITLE	PD	☐ Detete	fmle	· I				Change	Addition
NAME STREET ADDRESS	MARTINEZ, ADBEEL 4022 W. HAMILTON KEY		NAM	E Et address					į
CITY-ST-ZIP	WEST PALM BEACH, FL 3341	1		-ST-ZIP					
THLE		Delete	TITLE					☐ Change	Addition
NAME	1		NAM						_
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		☐ Delete	NAM STRE					☐ Change	☐ Addition

2. 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

564641-7979

Daytime Phone #