

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000037207

1. Entity Name  
**BEST PAWN SHOPPE OF BREVARD, INC.**



Principal Place of Business  
3130 W. NEW HAVEN AVE.  
W. MELBOURNE, FL 32904

Mailing Address

3130 W. NEW HAVEN AVE.  
W. MELBOURNE, FL 32904

2. Principal Place of Business - No P.O. Box #  
**8955 WICKHAM RD**

Suite, Apt. #, etc.  
**1**

3. Mailing Address  
**8955 WICKHAM RD**

Suite, Apt. #, etc.  
**1**

City & State  
**WEST MELBOURNE FL**

City & State  
**WEST MELBOURNE FL**

Zip  
**32904**

Country  
**FLORIDA**

Zip  
**32904**

Country  
**FLORIDA**

6. Name and Address of Current Registered Agent

MASSA, JOHN T JR.  
3130 W. NEW HAVEN AVE.  
W. MELBOURNE, FL 32904

Name

Street Address (P.O. Box Number is Not Acceptable)

**8955 WICKHAM RD SUITE 1**

City

**WEST MELBOURNE**

FL Zip Code  
**32904**

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

*[Handwritten Signature]*

(NOTE: Registered Agent signature required when remailing)

**11/18/08**

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASSA, JOHN JR. 2122 JIROLD LN MELBOURNE, FL 32934	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2122 JIROLD LN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASTA, JOSEPH 6165 ARLINGTON CIRCLE MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/18/08 321-728-7296**

Date Daytime Phone #

**FILED  
Mar 05, 2008 8:00 am  
Secretary of State**

03-05-2008 90020 050 \*\*\*158.75

**40038251**



01172008 Chg-P CR2E034 (12/06)

4. FEI Number <b>11-3685569</b>	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name <b>MASSA, JOHN T JR.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>8955 WICKHAM RD SUITE 1</b>
City <b>WEST MELBOURNE</b>
FL Zip Code <b>32904</b>