

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000037207

FILED
May 05, 2008
Secretary of State**Entity Name:** BEST PAWN SHOPPE OF BREVARD, INC.**Current Principal Place of Business:**895 S WICKHAM RD
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WEST MELBOURNE, FL 32904**New Principal Place of Business:****Current Mailing Address:**895 S WICKHAM RD
1
WEST MELBOURNE, FL 32904**New Mailing Address:****FEI Number:** 11-3685569**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MASSA, JOHN T JR.
895 S WICKHAM RD
STE 1
W. MELBOURNE, FL 32904 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: MASSA, JOHN JR.
Address: 2122 SIROLD LN
City-St-Zip: MELBOURNE, FL 32934**Title:** VD (X) Delete
Name: MASTA, JOSEPH
Address: 6165 ARLINGTON CIRCLE
City-St-Zip: MELBOURNE, FL 32940**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: MASSA, JOHN JR.
Address: 2122 SIROCO LN
City-St-Zip: MELBOURNE, FL 32934**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T MASSA JR

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05/05/2008

Electronic Signature of Signing Officer or Director

Date