

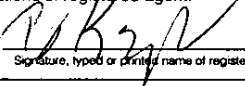



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90194 021 ***150.00

DOCUMENT # P92000003536 1. Entity Name GOLDFINGER PAWN, INC.					
Principal Place of Business 2668 DAVIS BLVD NAPLES, FL 34104 US				Mailing Address 2668 DAVIS BLVD NAPLES, FL 34104 US	
2. Principal Place of Business 4760 TAMiami TR. N. <small>(Suite, Apt. #, etc.)</small> 1A City & State NAPLES, FL Zip 34103		3. Mailing Address 4760 TAMiami TR. N. <small>(Suite, Apt. #, etc.)</small> 1A City & State NAPLES, FL Zip 34103			
02072005 Chg-P CR2E034 (10/03)				4. FEI Number 65-0381551	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KOZLOWSKI, BRIAN J 2668 DAVIS BLVD NAPLES, FL 34104			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 4760 TAMiami TR. N., #1A City NAPLES FL Zip Code 34103		
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  BRIAN KOZLOWSKI PRESIDENT DATE 4-7-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D KOZLOWSKI, BRIAN J 2668 DAVIS BLVD NAPLES, FL 34104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOZLOWSKI, BRIAN J 4760 TAMiami TR. N. #1A NAPLES FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOZLOWSKI, LORRAINE 2668 DAVIS BLVD NAPLES, FL 34104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOZLOWSKI, LORRAINE 4760 TAMiami TR. N. #1A NAPLES FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE:  LORRAINE KOZLOWSKI DATE 4-7-05 DAYTIME PHONE # 239-732-8881 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					