2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000029378

1. Entity Name
REGOLD PAWN & JEWELRY, INC.

FILED
05 FEB 18 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02062005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2358 WEST OAK RIDGE ROAD ORLANDO, FL 32809-3911	2358 WEST OAK RIDGE ROAD ORLANDO, FL 32809-3911

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3309267 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RING, TELMA E
2358 WEST OAK RIDGE ROAD
ORLANDO, FL 32809-3911

7. Name and Address of New Registered Agent

Name: Christian Astudillo
Street Address (P.O. Box Number is Not Acceptable): 2358 Oak Ridge Rd
City: ORLANDO FL Zip Code: 32809

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: _____ DATE: 02/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	D RING, TELMA E 2358 WEST OAK RIDGE ROAD ORLANDO, FL 328093911	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHRISTIAN Astudillo 2358 Oak Ridge Rd. ORLANDO FL 32809-3911	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900046929 ☒ Change ☐ Addition 02/21/05--01029--007 **150.00	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 02/15/05 407-808-2154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T. Lewis