


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P96000003593</b> 1. Entity Name <b>A PAWN WEST, INC.</b>	
--	---

Principal Place of Business <b>6706 CENTRAL AVE ST. PETERSBURG, FL 33707 US</b>	Mailing Address <b>6706 CENTRAL AVE ST. PETERSBURG, FL 33707 US</b>
--	--



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3360899</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>RAMETTA, NICOLA 4500 78TH AVENUE NORTH PINELLAS PARK, FL 33781</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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 *Don Bedrosian* *Don Bedrosian* *1-5-06*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

UN00000379691  
01/10/06-80032-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMETTA, NICOLA C 4500 78TH AVE N. PINELLAS PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMETTA, JOSEPHINE 4500 78 AVE N PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEDROSIAN, DON 3244 55TH AVENUE NORTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Don Bedrosian* *1-5-06* *727-381-2274*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #