

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000029298**

1. Entity Name  
**QUEEN OF PAWNS II, INC.**



Principal Place of Business

**3380 S. MILITARY TRAIL  
LAKE WORTH, FL 33463 US**

Mailing Address

**3380 S. MILITARY TRAIL  
LAKE WORTH, FL 33463 US**

**DO NOT WRITE IN THIS SPACE**



01312004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0657700** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**XIOMARA, LEE PA  
2380 SW 80TH COURT  
MIAMI, FL 33155**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**U00000074428  
03/03/04-80018-011 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIL, CARLOS 2181 REGENTS BLVD WEST PALM BEACH, FL 334097303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GIL, RENE 2181 REGENTS BLVD WEST PALM BEACH, FL 334097303
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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 exemption stated in Section 119.07(3)(b), 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**CARLOS GIL**

**02/26/04**

**561 431 4858**

Date

Daytime Phone #