


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90003 035 ***150.00

DOCUMENT # V12654	
1. Entity Name DIXIE PAWN & JEWELRY, INC.	

Principal Place of Business 2320 NORTH DIXIE HIGHWAY HOLLYWOOD FL 33020	Mailing Address 2320 NORTH DIXIE HIGHWAY HOLLYWOOD FL 33020
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2. Principal Place of Business - No P.O. Box # 2320 N. DIXIE Hwy	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Hollywood FL	City & State
Zip 33030	Country Broward

2nd MOORE CR2E034 (4/08)

4. FEI Number 65-0310573	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARB, DOROTHY 16616 BLATT BLVD WESTON FL 33326	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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 re-appointing) **DATE** _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OVP FARB, DOROTHY 16616 BLATT BLVD FT. LAUDERDALE FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Dorothy Farb **9/3/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Day:me Phone #**

ATTACHMENT

40115361

To Whome it may concern;
#V12654

I never received a
2008 Form to file

Please waive the \$400 dollar
late fee,