2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

EPDVNFOU!$ P02000044844

2/ Entity Name
A&R PACHECO, INC.

Principal Place of Business	Mailing Address
5: : 1!TX!83OE!BWFOVF!TVJUF!212 NJBNJ!GM!44266	5: : 1!TX!83OE!BWFOVF!TVJUF!212 NJBNJ!GM!44266

EP OPUX SJUF JO UIJT TQBDF

01232007 Op!Di h.Q DS3F145!)22016*

5/ FEI Number 01-0686231 | Applied For | Not Applicable

6/ Certificate of Status Desired ☐ %9/86 Beejujpobm Gf f !Sf rvjsf e

7/ Obn f !boe!Beesf t t !pg!Dvssf ou!Sf hjt uf sf e!Bhf ou

ZUMPANO, CARLOS A ESQ.
2801 PONCE DE LEON BLVD PENTHOUSE 1280
CORAL GABLES, FL 33134

EP OPUX SJUF! JO UIJT TQBDF

9/ 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 ____________ 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, 2007 Fee will be $550.00

:/ Election Campaign Financing Trust Fund Contribution. ☐ %6/11 NbzIC!1 Beef eltpIGf f t

U00000612386
02/02/07-80103-022 150.00

21/ OFFICERS AND DIRECTORS

TITLE	D
NAME	PACHECO, RAMON B
STREET ADDRESS	8305 SW 174TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	PACHECO, AIDA R
STREET ADDRESS	8305 SW 174TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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23/ 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.

TJHOBUVSF; ____________ 1/23/2007
TJHOBUVSF!BOE!UZQFE!PS!QSJOUFE!OBNF!PG!TJHOJOH!PGGJDFS!PS!EJSFDUPS Date Daytime Phone #