


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # F49409
1. Entity Name
PACHECO DISCOUNT AUTO PARTS, INC.



Principal Place of Business
534 E. 9TH ST.
HIALEAH, FL 33010

Mailing Address
534 E. 9TH ST.
HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2135645 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PACHECO, JOSE F.
6880 WINGEDFOOT DR.
MIAMI, FL

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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 _____
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, 2004 Fee will be \$550.00

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

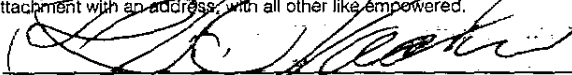
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PACHECO, JOSE F 6880 WINGEDFOOT DR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PACHECO, MIRIAM 6880 WINGEDFOOT DR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PACHECO, JOSEPH 6880 WINGEDFOOT DR. MIAMI, FL
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01/26/04 80002-003 150.00

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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:  **1.17.04 305 8852344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #