


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F49409 1. Entity Name PACHECO DISCOUNT AUTO PARTS, INC.	
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Principal Place of Business 534 E. 9TH ST. HIALEAH, FL 33010	Mailing Address 534 E. 9TH ST. HIALEAH, FL 33010
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04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2135645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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

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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 05/15/06-80029-025 150.00

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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: JOSE F. PACHECO 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #