29-MAR-2005 09:55 DE:LINEA EAN S.L. 937122157
: By: Delacruz & Cutler, Attorneys ; 3054457750; Mar-28

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Secretary of State
04-01-2005 90007 046 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000040814

1. Entity Name
PAKO CORPORATION

40043955

Principal Place of Business	Mailing Address
95 MERRICK WAY STE 440 MIAMI, FL 33134	95 MERRICK WAY STE 440 MIAMI, FL 33134

03/28/2005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2 Alhambra Plaza		2 Alhambra Plaza	
Suite, Apt #, etc. Suite PH2-C		Suite, Apt. #, etc. Suite PH2 c	
City & State Coral Gables, FL		City & State Coral Gables, Fl	
Zip	Country	Zip	Country

4. FEI Number 65-1001532 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUIS F. DE LA CRUZ, JR XXXXXXXXXX 2 Alhambra Plaza XXXXXXX Suite PH2 C XXXXXXXX Coral Gables, Florida 33134	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 ______ 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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS NAVINES, FRANCISCO B 95 MERRICK WAY STE 440 MIAMI, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Navines, Francisco B 2 Alhambra Plaza, STE PH2-C Coral Gables, Florida 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______ 3/29/05 305 446-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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