

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90106 021 ***158.75

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DOCUMENT # P00000061090 1. Entity Name PANCHOS PRODUCTION, INC.					
Principal Place of Business 3375 N COUNTRY CLUB DR STE 702 MIAMI, FL 33180			Mailing Address 3375 N COUNTRY CLUB DR STE 702 MIAMI, FL 33180		
2. Principal Place of Business 19001 NE 14 Avenue		3. Mailing Address 19001 NE 14 AVENUE			
Suite, Apt. #, etc. #104		Suite, Apt. #, etc. # 104			
City & State NORTH MIAMI BEACH		City & State NORTH MIAMI BEACH			
Zip 33179	Country DADE	Zip 33179	Country DADE	4. FEI Number 65-1018829	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FERNANDEZ, CELINA CARMEN 3375 N COUNTRY CLUB DR, #702 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 19001 NE 14 AVENUE #104 NORTH MIAMI BEACH, FL 33179 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD FERNANDEZ, CELINA CARMEN <input type="checkbox"/> Delete 19001 NE 14 AVE., APT. 104 MIAMI, FL 33179		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPELLA, DIEGO F <input type="checkbox"/> Delete 19001 NE 14 AVE., APT. 104 MIAMI, FL 33179		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	
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	
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	
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	
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:			04-29-05 (305) 510-4425		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		