


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90004 025 \*\*\*150.00

**DOCUMENT # P01000021796**

1. Entity Name  
**PANCHITA INVESTMENT, INC.**



Principal Place of Business  
**14024 NW 82 Avenue**  
**Miami Lakes, Florida 33016**

Mailing Address  
**14024 NW 82 Avenue**  
**Miami Lakes, Florida 33016**

**44050726**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

07282004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**RAMOS, JORGE**  
**14024 NW 82 Avenue**  
**Miami Lakes, Florida 33016**

4. FEI Number  
**65-1093196**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ 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 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RAMOS, JORGE 14024 NW 82 Avenue Miami Lakes, Florida 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, JORGE 14024 NW 82 Avenue Miami Lakes, Florida 33016	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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: Jorge Ramos **JORGE RAMOS** Date: **7/28/2004** Daytime Phone #: **(305)871-4461**