

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90034 001 \*\*\*150.00  
08-01-2005 90034 002 \*\*\*\*\*8.75

66025251



07252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1079502	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PACHECO, EDDY  
17801 SW 113 COURT  
MIAMI, FL 33157

**DO NOT WRITE  
IN THIS SPACE**

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: Eddy Pacheco President 07/22/05  
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  
Due by September 7, 2005**

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	PD PACHECO, EDDY 17801 SW 113 COURT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SC QUIALA, MARIA V 17801 SW 113CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BASAN, CARLOS H 17801 SW 113 COURT MIAMI, FL 33157
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/22/05 305-216-5783  
Date Daytime Phone #