

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000099079					
1. Entity Name PACHUQUI, INC.					
Principal Place of Business 901 EAST 10 AVENUE #14 HIALEAH, FL 33010			Mailing Address 901 EAST 10 AVENUE #14 HIALEAH, FL 33010		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04012004 Chg-P CR2E034 (10/03)	
4. FEI Number 55-0797524				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARREDO, MARTHA 9330 SW 34TH STREET MIAMI, FL 33165			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees 000000128464 04/26/04-80039-005 150.00	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME BARREDO, MARTHA		<input type="checkbox"/> Delete		
STREET ADDRESS 9330 SW 34TH STREET					
CITY - ST - ZIP MIAMI, FL 33165					
TITLE VP	NAME KHAN, ABDUL		<input type="checkbox"/> Delete		
STREET ADDRESS 9330 SW 34TH STREET					
CITY - ST - ZIP MIAMI, FL 33165					
TITLE SD	NAME BARREDO, GUILLERMO		<input type="checkbox"/> Delete		
STREET ADDRESS 9330 SW 34TH STREET					
CITY - ST - ZIP MIAMI, FL 33165					
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY - ST - ZIP					
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY - ST - ZIP					
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY - ST - ZIP					
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <i>Marta Barredo</i> Date: 4/19/04 Daytime Phone # _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					