2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000021764 FILED 1. Entity Name PACHECO FLOORING SERVICE CORP. 2008 MAR - 6 AM II: 58 SECREBARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 112 SOUTH E STREET 112 SOUTH E STREET LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 1388 Dulones Drive 138 8 Dolores D Suite, Apt. #, etc. Suite, Apt. #, etc. 03052008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number nkeworth FI nke worth. 86-1102513 Not Applicable Country \$8.75 Additional 3463 5. Certificate of Status Desired USA US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VILLAR, JACOBO Street Address (P.O. Box Number is Not Acceptable) 8035 SW 15 ST MIAMI, FL 33144 City 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. he Leve SIGNATURE/ (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition Delete TITLE ☐ Change TELL NAME PACHECO, GENARO NAME STREET ADDRESS 112 SOUTH E STREET STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CXTY-ST-ZIP 2001208098**9**** 0 03/20/08--01009--010 **150.00 Delete ■ Addition TITLE TILE PACHECO, RAMONA T NAME NAME 112 SOUTH E STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP ☐ Change HILE Delete MILE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cffy-St-ZIF TITLE Delete TILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition TILE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. 3-5-08 MATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR SIGNATURE: