2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 8:00 am Secretary of State

DOCUMENT # P05000097036 1. Enity Name PACAO INC.					1	05-01-2007 9	90054 01	1 ***150.	.00
Principal Place of Business 3663 SW 8 ST MIAMI, FL 33135		Mailing Address 3663 SW 8 ST MIAMI, FL 33135		· · · · · ·					
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address							
· · · · · · · · · · · · · · · · · · ·						BIOI OTIIL OBIII OOTII OOT	N1 WEND 1801 1801	ii abiaa iivia dii	IRBI (I IBB)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02122007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Number 20-3183	628			plied For Applicable
Zip	Country	Zip ·	Country			l Status Desired		8.75 Add	
	6. Name and Address of Current	l Registered Agent	L	<u> </u>	7. Name and A	Address of New R		·····	
GRAYSON, MOISES T 25 SE 2ND AVENUE STE 730 MIAMI, FL 33131				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
			City	FL Zip Code					
	named entity submits this statement friends of registered agent.	or the purpose of changing its	register	ed office or register	red agent, or both	, in the State of Fi	orida. I am fa	amiliar with,	and accept
SIGNATURE Signature, typoid or printed name of registored agent and title if applicable. (NOTE, Registered Agent, signature required when reinstating). DATE									
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Con	-		.00 May Be ded to Fees				
10.	OFFICERS AND		11.	·····	ADDITIONS/C	CHANGES TO OFF	ICERS AND		
INLE NAME	D TORRES DE NAVARRA, CARL	☐ Defete	TITE NAM					☐ Change	Addition
STREET ADDRESS	3663 SW 8 ST			EET ADORESS					
CITY-ST-ZIP	MIAMI, FL 33135		CITY	r-ST-ZIP					
TIFLE	D	☐ Delete	ται	1				☐ Change	Addition
NAME STREET ADURESS				AE EET ADURESS					
CITY - ST - ZIP	MIAMI, FL 33135			r - ST - ZIP					
TITLE		☐ Delete	1111	£				☐ Change	Addition
NAME			NAA						
STREET ADDRESS CITY ST-ZIP				EET ADDRESS (-S1-ZIP					į
TIFLE		☐ Delete	un					☐ Change	Addition
NAME		La back	NAM						
STREET ADDRESS				EET ADORESS					İ
CITY-ST-ZIP		<u> </u>		Y-ST-ZIP					
NAME		☐ Delete	TITE	i				Change	☐ Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		<u></u>	CIT	Y-SI-ZIP					
TITLE		☐ Delete	TITI	- 1			•	☐ Change	Addition
NAME			NAJ C10	l					
STREET ADDRESS CITY-ST-ZIP			-	REET ADDRESS Y-ST-ZIP					
1	I			I		Florida Statutes.			

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in chapter 119, Florida statutes. However, the indicated on this report or suppliemental 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

WAY LONG SOLL COLEMN CAPLOS TOPPOS DE LA LA LA VIERA AND TYPED OF PRINTED MANE OF BIONING OFFICER OF DIRECTOR

9/27/07