

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90026 017 ***150.00

DOCUMENT # P05000105843 1. Entity Name SANTA CRUZ PACHECO, INC.																											
Principal Place of Business 7255 NW 68 ST STE 13 MIAMI, FL 33166		Mailing Address 7255 NW 68 ST STE 13 MIAMI, FL 33166																									
2. Principal Place of Business - No P.O. Box # 17304 WALKER AVE		3. Mailing Address 17304 WALKER AVE																									
Suite, Apt. #, etc. SUITE 112		Suite, Apt. #, etc. SUITE 112																									
City & State MIAMI FL		City & State MIAMI FL																									
Zip 33157		Zip 33157																									
Country 		Country 																									
4. FEI Number 20-3231654		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 PACHECO, JULIO SANTA C 7255 NW 68 ST STE 13 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17304 WALKER AVE SUITE 112 City MIAMI FL																									
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 <u>JULIO SANTA CRUZ PACHECO</u> DATE <u>01/16/07</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>PACHECO, JULIO SANTA C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7255 NW 68TH ST #13</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	PACHECO, JULIO SANTA C		STREET ADDRESS	7255 NW 68TH ST #13		CITY-ST-ZIP	MIAMI, FL 33166		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td>17304 WALKER AVE SUITE 112</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI FL 33157</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME	17304 WALKER AVE SUITE 112		STREET ADDRESS	MIAMI FL 33157		CITY-ST-ZIP		
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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.																											
SIGNATURE: <u>JULIO SANTA CRUZ PACHECO</u> DATE <u>01/16/07</u> DAYTIME PHONE # <u>(305) 255-1885</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											

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