

# 2007 FOR PROFIT CORPORATION- ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90015 047 \*\*\*150.00

DOCUMENT # P06000097538

1. Entity Name

LAST WISH BURIAL PLANER, CORP.



Principal Place of Business

19241 HOLIDAY RD  
MIAMI FL 33157

Mailing Address

19241 HOLIDAY RD  
MIAMI FL 33157



2. Principal Place of Business - No P.O. Box #

19241 Holiday RD

Suite, Apt. #, etc.

3. Mailing Address

19241 Holiday RD

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Miami FL

City & State

Miami Florida

4. FEI Number

11-3790588

Applied For

Not Applicable

Zip

33157

Country

Daad

Zip

33157

Country

Daad

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PACHECO, DORYS D  
19241 HOLIDAY RD  
MIAMI FL 33157

7. Name and Address of New Registered Agent

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

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**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME PACHECO, DORYS D  
STREET ADDRESS 19241 HOLIDAY RD  
CITY - ST - ZIP MIAMI FL 33157

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Delete  
NAME  
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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Dorys Pacheco*

Dorys Pacheco 2-20-07 773-7062 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT  
40032028

February 16, 2007

Division of Corporation  
Tallahassee, Florida 32314

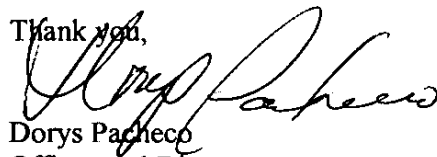
From: Last wish burial Planer, Corp.  
Doc#: P06000097538

To whom it may concern:

I will like to make an Amended to Article III it will said: "any and all Lawful business"

If you have any question please feel to contact me at (305) 773-7062.

Thank you,



Dorys Pacheco  
Officer and Director