2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2012
Secretary of State

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Entity Name: PACHIRACO, INC.

Current Principal Place of Business:

5150 NORTH TAMIAMI TRAIL
SUITE 504
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

5150 NORTH TAMIAMI TRAIL
SUITE 504
NAPLES, FL 34103

New Mailing Address:

FEI Number: 26-1275632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARL, HOWES A
5150 NORTH TAMIAMI TRAIL,
SUITE 504
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: STATLER, BENJAMIN M
Address: 5150 NORTH TAMIAMI TRAIL, SUITE 504
City-St-Zip: NAPLES, FL 34103

Title: V
Name: HOWES, CARL A
Address: 5150 NORTH TAMIAMI TRAIL, SUITE 504
City-St-Zip: NAPLES, FL 34103

Title: V
Name: SHEPPARD, JULIE S CPA
Address: 5150 NORTH TAMIAMI TRAIL, SUITE 504
City-St-Zip: NAPLES, FL 34103

Title: V
Name: STATLER, BENJAMIN M II
Address: 5150 NORTH TAMIAMI TRAIL, SUITE 504
City-St-Zip: NAPLES, FL 34103

Title: TS
Name: STATLER, BONNIE JO
Address: 5150 NORTH TAMIAMI TRAIL, SUITE 504
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARL A HOWES VP 03/21/2012

Electronic Signature of Signing Officer or Director Date