

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000013710 1. Entity Name PAQUITO & SONS, INC.	
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Principal Place of Business 225 YELLOW PLACE ROCKLEDGE, FL 32955 US	Mailing Address 225 YELLOW PLACE ROCKLEDGE, FL 32955 US
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01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3166530	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GONZALEZ, CARLOS M JR. 4095 CROOKED MILE RD MERRITT ISLAND, FL 32952

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

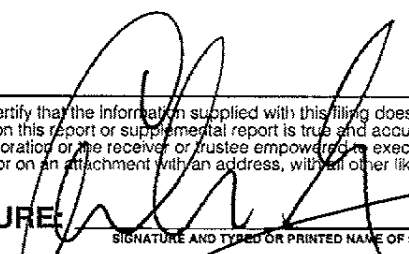
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, CARLOS M JR. 4095 CROOKED MILE RD. MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, PAMELA J 4095 CROOKED MILE RD. MERRITT ISLAND, FL
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01/21/05-80074-013 8.75

000000186848
01/21/05-80074-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, without other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05 3216389966
Date Daytime Phone #