


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000008875**  
 1. Entity Name  
**RAMON PACHECO AND ASSOCIATES, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>4990 SW 72ND AVE.<br>#101<br>MIAMI, FL 33155 | Mailing Address<br>4990 SW 72ND AVE.<br>#101<br>MIAMI, FL 33155 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-P CR2E034 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-0457901                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

PACHECO, RAMON B  
 4990 SW 72ND AVE.  
 #101  
 MIAMI, FL 33155

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPT<br>PACHECO, RAMON B<br>8305 SW 17TH TERRACE<br>MIAMI, FL 33157 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVS<br>PACHECO, AIDA<br>8305 SW 17TH TERRACE<br>MIAMI, FL 33157    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>PACHECO, MONICA<br>4990 SW 72 AVE #101<br>MIAMI, FL 33155    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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01/23/05-80032-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Ramon Pacheco* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: *1/19/05* Daytime Phone # \_\_\_\_\_