

Feb 27
Sec

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



Principal Place of Business
4990 SW 72ND AVE.
#101
MIAMI, FL 33155

Mailing Address
4990 SW 72ND AVE.
#101
MIAMI, FL 33155



02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0457901

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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03/09/06-80082-002 150.00

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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 titles empowered.

SIGNATURE: *Aida Pacheco* AIDA PACHECO 2/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #