
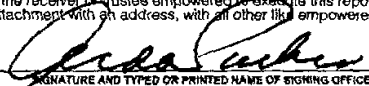


Feb 27
Sec

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	
DO NOT WRITE IN THIS SPACE			
		02202006 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0457901		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>000000450130</div> <div>03/09/06-80082-002 150.00</div> DO NOT WRITE IN THIS SPACE	
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			
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 like empowered.			
SIGNATURE:  AIDA PACHECO 2/20/06		Date _____ Daytime Phone _____	