

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

AMENDED

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<b>DOCUMENT # P95000020301</b>					
1. Entity Name <b>PANCHO'S CORPORATION</b>					
Principal Place of Business <b>3375 N COUNTRY CLUB DR SUITE #702 AVENTURA, FL 33180 US</b>			Mailing Address <b>3375 N COUNTRY CLUB DR SUITE #702 AVENTURA, FL 33180 US</b>		
2. Principal Place of Business <b>19001 NE 14 AVENUE</b>		3. Mailing Address <b>19001 NE 14 AVENUE</b>			
Suite, Apt. #, etc. <b>SUITE 104</b>		Suite, Apt. #, etc. <b>SUITE 104</b>			
City & State <b>NORTH MIAMI, FLORIDA</b>		City & State <b>NORTH MIAMI, FLORIDA</b>		4. FEI Number <b>65-0584001</b>	
Zip <b>33179</b>	Country <b>USA</b>	Zip <b>33179</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FERNANDEZ, CELINA 3375 N. COUNTRY CLUB DRIVE SUITE #702 AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent <b>LARA, RAFAEL B. Street Address (P.O. Box Number is Not Acceptable) 19001 NE 14 AVENUE SUITE #104 City <b>NORTH MIAMI</b> FL Zip Code <b>33179</b></b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LARA, RAFAEL B 3375 N COUNTRY CLUB DR #702 AVENTURA, FL 33180 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LARA, RAFAEL B. 19001 NE 14 AVENUE, SUITE #104 NORTH MIAMI, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FERNANDEZ, CELINA C 3375 N COUNTRY CLUB DR #702 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPELLA, DIEGO F 3375 N. COUNTRY CLUB DR, #702 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 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, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____					