


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000026710</b>		
1. Entity Name RICO PAN, INC.		
Principal Place of Business 18636 NW 67 AVENUE HIALEAH, FL 33015	Mailing Address 18636 NW 67 AVENUE HIALEAH, FL 33015	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  PEREZ, RAFAEL 18636 NW 67 AVENUE HIALEAH, FL 33015		<b>DO NOT WRITE IN THIS SPACE</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, 2006 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
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEREZ, RAFAEL 18636 NW 67 AVENUE HIALEAH, FL 33015	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEREZ, BLANCA 18636 NW 67 AVENUE HIALEAH, FL 33015	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SUAREZ, ARACELY P 18636 NW 67TH AVE HIALEAH, FL 33015	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Rafael Perez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/13/06</u> (305) 621-3381 Daytime Phone #



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0746282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000518407  
05/02/06-80011-007 150.00