


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # V25785
1. Entity Name
PACHECO JEWELERS, INC.



Principal Place of Business 4410 W 16 AVE HIALEAH, FL 33012	Mailing Address 4410 W 16 AVE BAY 24 HIALEAH, FL 33012 US
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01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0384076	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, ABILIO
4410 W 16 AVE
HIALEAH, FL 33012**

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

**FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

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

U00000900487
04/29/08-80030-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT PACHECO, MERCEDES 6695 W 6 AVE HIALEAH, FL
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DO NOT WRITE IN THIS SPACE

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: *ef Pacheco* **4-14-08** (305) 833 9940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #