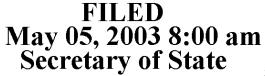
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) V69522 DOCUMENT



1. Entity Nar PACHECO	O & SONS,	INC.	-			05-05-2003 90206 037 ***150.00				
Principal Place of Business 550 EAST 9TH STREET HIALEAH FL 33010 Mailing Addres 550 EAST 9TH HIALEAH FL 33010				TH STREET						
2. Principal f	Place of Business	3	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE-IF MAKING CHANGES				
City & State			City & State			4. FEI Number 65-0362835		Applied For Not Applicable		
Zip Country			Zip Country		try	5. Certificate of Status Desired See Required Fee Required			ditional	1
	6. Name an	d Address of Curren	t Registered Agent	ed Agent		7. Name and Address of New Registered Agent				1
					Name					
PACHECO, JOSE F 6880 WINGOO FOOT DRIVE					Street Address (P.O. Box Number is Not Acceptable)					1
MIAMI FL	33015									
			City		City		FL	Zip Cod	e	1
the obligat	tions of registere		for the purpose of changing it	s registere	ed office or registe	red agent, or both, in the State of Flo	rida. I am far	niliar with,	and accept	
SIGNATURE	Signature, typed or pr	rinted name of registered ager	nt and title if applicable. (NO	TE: Registered	d Agent signature required	d when reinstating)	DATE			
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 orida Department				9. Election Campaign Fin Trust Fund Contribution	~ ~		00 May Be	
10.	OFFICERS AND DIRECTORS			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PVS PACHECO, JOSE F		☐ Delete TITLI NAM STRE					Change	Addition	3
NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP					1034 (10/
TITLE NAME			☐ Delete	TITLE			[Change	☐ Addition	CEO
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE	Ī		[☐ Change	☐ Addition	
CITY-ST-ZIP	,			CITY	ST-ZIP		_			
TITLE Name Street address		· <u> </u>	☐ Delete	TITLE NAME STRE			Ĺ	Change	Addition	
CITY-ST-ZIP				CITY-	ST-ZIP					
title Name Street address			☐ Delete	TITLE NAME STREE			Γ	Change	Addition	
CITY-ST-ZIP TITLE			Delete	CITY-	ST-ZIP		Г	☐ Change	Addition	1
NAME Street address			tand CUIVIC	NAME STREE	ET ADORESS		_			
City-ST-ZIP 12. I hereby (certify that the in	formation supplied wit	th this filing does not qualify for		ST-ZIP nption stated in Se	ction 119.07(3)(i), Florida Statutes. I	further certify	 that the ir	 nformation	1

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60. 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.

Daytime Phone #