


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # F01000005765 1. Entity Name PACIFICA HOSPITALITY GROUP, INC.	
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Principal Place of Business 1785 HANCOCK STREET, SUITE 100 SAN DIEGO, CA 92110	Mailing Address 1785 HANCOCK STREET, SUITE 100 SAN DIEGO, CA 92110
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 33-0627812	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

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U00000759514
05/24/07-80046-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ISRANI, DEEPAK 1785 HANCOCK STREET, SUITE 100 SAN DIEGO, CA 92110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISRANI, ASHOK 1785 HANCOCK ST. STE 100 SAN DIEGO, CA 92110
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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:  **DEEPAK ISRANI** 5/2/07 619/296-9000 x105

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #