

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90361 008 ***150.00

DOCUMENT # F01000006341
1. Entity Name
PACIFIC EQUITIES GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1640 S. Sepulveda Blvd.
Suite, Apt. #, etc. Suite 308

3. Mailing Address
Post Office Box 25991
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Los Angeles, CA
Zip 90025 Country USA

4. FEI Number
95-4544929
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent
Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
City Tallahassee FL Zip Code 32301

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	D; C; S	TITLE	Harvey Rosen	1640 S. Sepulveda #308	Los Angeles, CA 90025
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	D; P; T	TITLE	David S. Rosen	1640 S. Sepulveda #308	Los Angeles, CA 90025
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.
SIGNATURE: *X Harvey Rosen* Harvey Rosen, Sec.
Date: 4.24.02 Daytime Phone #: 310 477.5300

CR2E034B (12/01)