


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90031 043 ***150.00

DOCUMENT # K89048

1. Entity Name
PACIFIC CONDOS, INC.



Principal Place of Business
**C/O PACIFIC R.E. MGMT. CORP.
 2600 DOUGLAS RD., # 1004
 MIAMI, FL 33134 US**

Mailing Address
**C/O PACIFIC R.E. MGMT. CORP.
 2600 DOUGLAS RD., # 1004
 MIAMI, FL 33134 US**

2. Principal Place of Business
396 ALHAMBRA CIRCLE

3. Mailing Address
396 ALHAMBRA CIRCLE

Suite, Apt. #, etc.
100

City & State
CORAL GABLES FL.

Zip **33134** Country



01102006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0198556

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MURAI, WALD, BIONDO, & MORENO PA
 900 INGRAHAM BLDG.
 25 SE 2ND AVE
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent
 Name
MURAI WALD BIONDO MORENO & BROCHIN
 Street Address (P.O. Box Number is Not Acceptable)
2 ALHAMBRA PLAZA PENTHOUSE 1B
 City **CORAL GABLES FL** Zip Code **33134**

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.

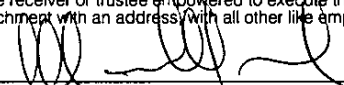
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISAIAS, ROBERTO 2600 DOUGLAS RD., # 1004 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 396 ALHAMBRA CIRCLE SUITE 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT ISAIAS, WILLIAM 2600 DOUGLAS RD., # 1004 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 396 ALHAMBRA CIRCLE SUITE 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS ISAIAS, ESTEFANO 2600 DOUGLAS RD., #1004 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 396 ALHAMBRA CIRCLE STE 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CARMEN MORIA, MARIA DEL 2600 DOUGLAS RD, STE 1004 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition MARIA DEL CARMEN MORIA 396 ALHAMBRA CIRCLE STE 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **02/09/2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #